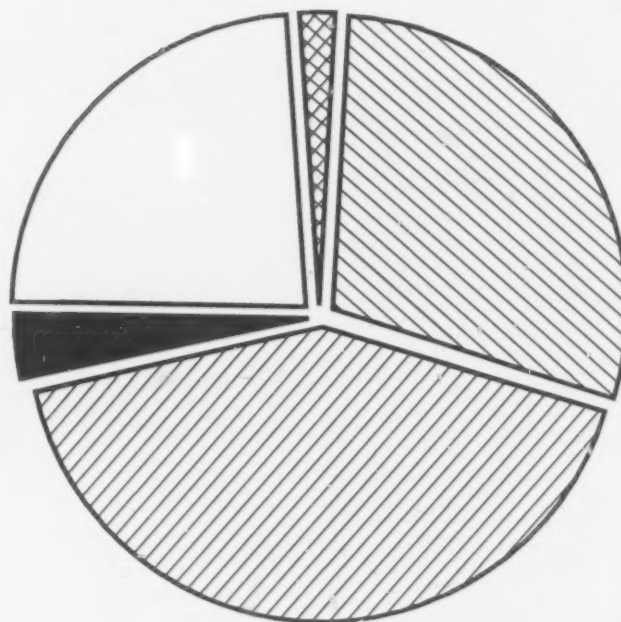


1991 Annual Statistical Report

AACOM

AMERICAN ASSOCIATION
OF COLLEGES OF
OSTEOPATHIC MEDICINE



Colleges Of Osteopathic Medicine

Chicago College of Osteopathic Medicine (CCOM)

555 31st Street
Downers Grove, IL 60515-1235
(708) 515-6472
*Jack B. Kinsinger, Ph.D.,
President and Chief Executive Officer*

College of Osteopathic Medicine of Oklahoma State University (COM-OSU)

1111 West 17th Street
Tulsa, Oklahoma 74107
(918) 582-1972
Thomas Wesley Allen, D.O., Dean and Provost

College of Osteopathic Medicine of the Pacific (COMP)

College Plaza
Pomona, California 91766-1889
(714) 623-6116
Philip Pumerantz, Ph.D., President

Kirksville College of Osteopathic Medicine (KCOM)

800 West Jefferson Street
Kirksville, Missouri 63501
(816) 626-2121
Fred C. Tinning, Ph.D., President

Michigan State University College of Osteopathic Medicine (MSU-COM)

East Fee Hall
East Lansing, Michigan 48824
(517) 355-9611
Douglas L. Wood, D.O., Ph.D., Dean

New York College of Osteopathic Medicine of New York Institute of Technology (NYCOM)

Wheatley Road, Box 170
Old Westbury, New York 11568
(516) 626-6900
*Philip F. Fleisher, D.O.,
Vice President, Dean, and
Provost for Medical Affairs*

Ohio University College of Osteopathic Medicine (OUCOM)

Grosvenor and Irvine Halls
Athens, Ohio 45701
(614) 593-1800
Frank W. Myers, D.O., Dean

Philadelphia College of Osteopathic Medicine (PCOM)

4150 City Avenue
Philadelphia, Pennsylvania 19131
(215) 871-1000
*Leonard Finkelstein, D.O.,
President and Chairman of the Board*

Southeastern University of the Health Sciences College of Osteopathic Medicine (SECOM)

1750 N.E. 168th Street
North Miami Beach, Florida 33162-3097
(305) 949-4000
Morton Terry, D.O., President

Texas College of Osteopathic Medicine (TCOM)

3500 Camp Bowie
Fort Worth, Texas 76107
(817) 735-2000
David M. Richards, D.O., President

The University of Health Sciences- College of Osteopathic Medicine (UHS-COM)

2105 Independence Boulevard
Kansas City, Missouri 64124
(816) 283-2000
Clyde B. Jensen, Ph.D., Acting President

University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine (UMDNJ-SOM)

40 E. Laurel Road, Suite 100
Stratford, New Jersey 08084
(609) 346-6990
Frederick J. Humphrey II, D.O., Dean

University of New England College of Osteopathic Medicine (UNECOM)

11 Hills Beach Road
Biddeford, Maine 04005
(207) 283-0171
Charles W. Ford, Ph.D., President

University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery (UOMHS/COMS)

3200 Grand Avenue
Des Moines, Iowa 50312
(515) 271-1400
J. Leonard Azneer, Ph.D., President

West Virginia School of Osteopathic Medicine (WVSOM)

400 North Lee Street
Lewisburg, West Virginia 24901
(304) 645-6270
Olen E. Jones, Jr., Ph.D., President

1991 Annual Statistical Report

**American Association of
Colleges of Osteopathic Medicine**

6110 Executive Boulevard, Suite 405
Rockville, Maryland 20852

Allen M. Singer, Ph.D.
Editor

August, 1991

The printing and distribution of this annual study have been made possible since 1986 by a donation from The Upjohn Company. AACOM, once again, gratefully acknowledges this special contribution.



Photo courtesy of
Philadelphia College of Osteopathic Medicine

Table of Contents

Trends and Summary	2
Enrollments and Graduates	
Applicants and Applications	
Women and Minorities	
Indebtedness	
Grant and Contract Revenue	
About this Report	
AACOMAS Applicants for the 1991 Entering Class	3
Applications, Enrollments, and Graduates for Academic Year 1990-91	5
Women	9
Minorities	11
Students	14
Student Debts	16
Scholarships and Loans - 1989-90	16
Student Costs - 1989-90	19
Faculty	20
Specialization of Faculty	21
Degrees Held by Faculty	22
Curriculum	24
Grants and Contracts - Fiscal Year 1990	25
Revenues - Fiscal Year 1990	27
Expenditures - Fiscal Year 1990	28
Other AACOM Publications	Inside Cover

List of Charts

1. Underrepresented Minority Applicants, 1976-1991	4	11. Percent Distribution of Loans, 1989-1990	18
2. First-Year Enrollment, 1968-1990	6	12. Total Expenses for In-State Freshmen, 1985-1990	19
3. Graduates, 1980-1994	8	13. Faculty by Rank and Type of Appointment, 1990-1991	20
4. First-Year Enrollment by Gender, 1968-1990	9	14. Full-Time Faculty by Discipline, 1990-1991	21
5. Total Enrollment by Gender, 1990-1991	10	15. Specialty Certification of Faculty, 1990-1991	22
6. First-Year Enrollment by Ethnic Groups, 1990-1991	11	16. Degrees Held by Faculty	23
7. Total Enrollment of Ethnic Minority Groups, Percent by School, 1990-1991	13	17. Grants and Contracts Awarded to Osteopathic Medical Schools, 1980-1990	26
8. Number of State Residents and Non-Residents Enrolled by School, 1990-1991	14	18. Distribution of Expenditures, Fiscal Year 1990	28
9. Highest Degree Earned by Entering Students, 1990-1991	15		
10. Percent Distribution of Scholarships, 1989-1990	17		

List of Tables

I Distribution of Osteopathic Physicians as of July 1, 1991	1	V First-Year Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1990 ...	12
II AACOMAS Applicants to Osteopathic Medical Schools; Ethnic Groups and Women by Entering Year	3	VI Total Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1990	12
III Number of Applications Received, First-Year Enrollment and Total Enrollment by School	5	VII Areas of Special Interest Included in the Curriculum of Osteopathic Medical Schools	24
IV First-Year and Total Enrollment and Graduates in Schools of Osteopathic Medicine in the U.S., by Gender, by Entering Year	7	VIII Sources of Funds for Grants and Contracts Awarded 1989-1990, in \$Millions	26
		IX Revenues in Osteopathic Medical Schools Fiscal Years 1989, 1990	27

Table I

THE OSTEOPATHIC PROFESSION
Distribution of Osteopathic Physicians as of July 1, 1991

Location	Number of Osteopathic Physicians	Location	Number of Osteopathic Physicians
Alabama	111	Nevada	141
Alaska	36	New Hampshire	40
Arizona	825	New Jersey	1,877
Arkansas	85	New Mexico	164
California	1,296	New York	1,491
Colorado	481	North Carolina	88
Connecticut	97	North Dakota	18
Delaware	137	Ohio	2,709
District of Columbia	27	Oklahoma	966
Florida	2,090	Oregon	325
Georgia	307	Pennsylvania	3,983
Hawaii	51	Rhode Island	148
Idaho	59	South Carolina	84
Illinois	1,199	South Dakota	44
Indiana	369	Tennessee	164
Iowa	795	Texas	1,935
Kansas	411	Utah	40
Kentucky	111	Vermont	41
Louisiana	66	Virginia	213
Maine	389	Washington	377
Maryland	157	West Virginia	313
Massachusetts	225	Wisconsin	311
Michigan	4,252	Wyoming	25
Minnesota	127	Military Service	1,119
Mississippi	75	U.S. Public Health Service	144
Missouri	1,570	U.S. Territories	7
Montana	45	Canada	38
Nebraska	43	Foreign (U.S. trained)	56
		TOTAL	32,297

SOURCE: American Osteopathic Association

Trends and Summary

Enrollments and Graduates

Osteopathic medical education expanded significantly in terms of enrollments and graduates during the 1980s, an expansion that was fairly well anticipated by the schools at the beginning of the decade. Since the 1980-81 academic year, total enrollment in the 15 osteopathic medical schools has increased 37 percent to a record 6,792 students in 1990-91. The number of graduates exceeded 1,600 for the first time in 1989, dropped back to 1,529 in 1990, and rose slightly to 1,533 in 1991.

Applicants and Applications

Applicants for admission in 1991 to osteopathic medical colleges through AACOM's centralized application service jumped an estimated 22 percent over 1990. This makes the third successive year in which the number of applicants has increased, pushing that number to its highest level on record and surpassing the previous high mark reached in 1984.

Applications also are increasing. A total of 14,928 applications were received at the 15 schools for the entering class of 1990, an increase of 7.8 percent over 1989. During the past decade, applications rose to a peak in 1984, then dropped for four years to a low point in 1988 before beginning the recent rebound.

Women and Minorities

Women and minorities — especially Asians — made huge gains in osteopathic medical education during the past decade. There were only 21 women in the freshman class of the five osteopathic medical schools in 1968 when AACOM began to record such data. Since then, that number has grown at an average annual rate of 17 percent. The 667 women in the 1990 entering class comprise 34.2 percent of the class, and represent an increase of 8.5 percent over last year compared to a 4.4 percent increase for men.

The number of Asian freshmen in 1990 rose a hefty 35 percent from last year, and at an average annual rate of 20 percent since 1980. First-year enrollment of underrepresented minorities (Blacks, Native Americans, and Hispanics) has grown an average 10 percent per year since 1980 compared to only 1 percent per year for Caucasian freshmen. Underrepresented minorities in the 1990 entering class increased by 5.6 percent over 1989, while the number of Caucasian freshmen increased by only 2.7 percent.

Indebtedness

Osteopathic medical students continue to sink more heavily into debt each year. Their average debt at graduation has grown 13 percent per year since 1983, reaching \$70,000 in 1990. Scholarship money helps considerably to alleviate some of that debt burden — students with scholarships borrow substantially less to finance their medical education.

Grant and Contract Revenue

Revenue from grants and contracts increased a huge 48 percent in FY 1990, reaching a record high of \$51.7 million. While it is still a small portion of total revenue at most osteopathic medical schools, grant and contract funds have grown at an average annual rate of almost 16 percent since 1980. After adjusting for inflation, this revenue source still shows robust growth of 9 percent per year over the past decade.

About This Report

This brief Summary presents the major findings from AACOM's annual survey of the 15 U.S. osteopathic medical schools — conducted in cooperation with school administrators and faculty. The current Annual Statistical Report is the 11th in a series dating from 1981, all of which follow a generally consistent format. In this report, the data on students, faculty, and curricula generally cover the academic year 1990-91, while the fiscal data on costs, revenue, and expenditures generally relate to 1989-90. In addition, the report contains the most recent data from AACOM's centralized application service on applicants for the 1991 entering class.

AACOMAS Applicants for the 1991 Entering Class

AACOMAS is the centralized application service of AACOM. It processes the papers of prospective students and allows them to submit a single application to be considered for admission to several schools simultaneously. AACOMAS has handled this procedure for 13 of the 15 colleges of osteopathic medicine since 1983. For the 1991-92 academic year, AACOMAS added a 14th school

(Kansas City), and next year, all the schools will participate in the system. (Although the main body of this report covers the 1990-91 academic year, we also present here the latest applicant data from AACOMAS for the 1991 entering class — academic year 1991-92.)

The number of applicants to osteopathic medical schools jumped significantly in 1991 even after adjusting for the additional school handled by AACOMAS this year (Table II). There were 4,163 applicants for the 1991 entering class at the 14 schools participating in AACOMAS. Last

Table II

AACOMAS Applicants to Osteopathic Medical Schools
Ethnic Groups and Women by Entering Year

Group	Entering Year								
	1976	1978	1980	1982	1984	1986	1988	1990	1991*
Black	59	116	130	150	136	159	208	196	252
American Indian/ Alaskan Native	14	18	15	16	27	31	20	31	21
Hispanic	33	38	76	128	140	164	153	154	172
Total Underrepresented Minority	106	172	221	294	303	354	381	381	445
Percent Underrepresented Minority	2.9	4.9	5.8	7.5	7.3	10.1	12.6	11.8	10.7
White, Non-Hispanic	3,539	3,299	3,467	3,484	3,633	2,946	2,376	2,493	3,134
Asian/Pacific Islander	62	59	98	139	190	215	273	350	584
Total All Groups	3,707	3,530	3,786	3,917	4,126	3,515	3,030	3,224	4,163
Women	N.A.	610	804	965	1,168	1,010	966	1,085	1,393
Percent Women	N.A.	17.3	21.2	24.6	28.3	28.7	31.9	33.7	33.5

Note: Starting 1984, White Non-Hispanic may include about one percent of applicants who did not provide ethnic identification.

This table does not include those applicants who applied directly to schools.

* Fourteenth school added to AACOMAS this year.

year, 3,224 persons applied to 13 schools in AACOMAS. After adjusting for the additional school, it is estimated that applicants increased by about 22 percent.

The 4,163 applicants for 1991 are the highest on record and mark the third successive year of increases, surpassing the 4,126 applicants in 1984. The ratio of applicants to freshmen seats climbed to an estimated 2.5 from 2.2 in 1990.

While increases in applicants occurred in all ethnic groups except Native Americans, the most

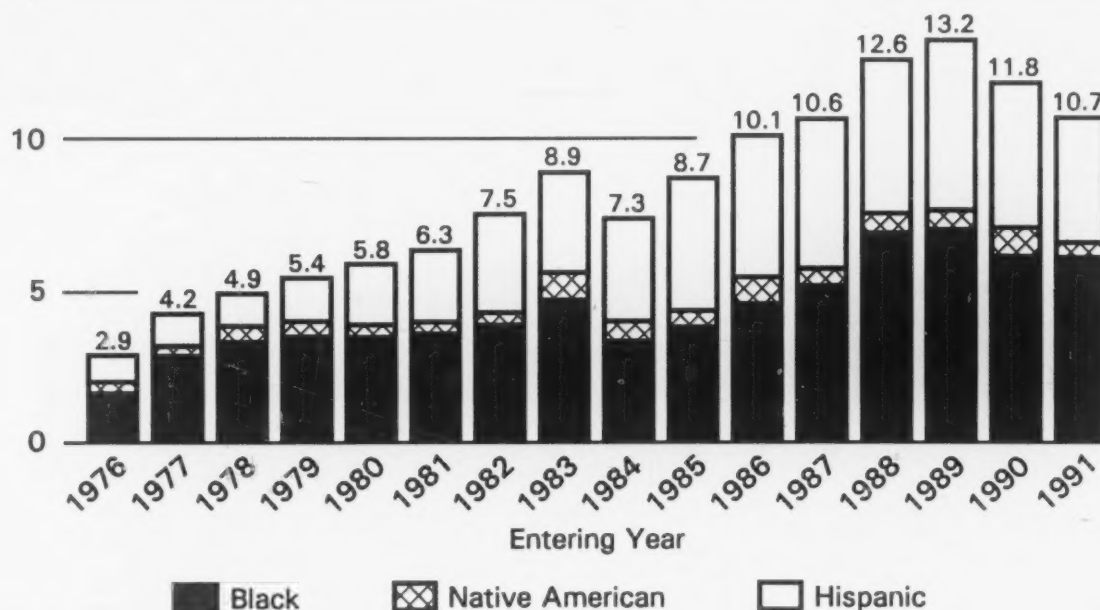
notable gains were made by the Asian/Pacific Islander group, which jumped from 11 percent in 1990 to 14 percent in 1991. Underrepresented minority applicants rose to 445 — the highest total on record — but lost ground relative to other groups, falling from about 12 percent of applicants in 1990 to about 11 percent in 1991 (Chart 1).

The percentage of female applicants fell slightly to 33.5 percent, down from 33.7 percent a year earlier. White males dropped slightly relative to other groups, from 51 to 50 percent.

Chart 1 - Underrepresented Minority Applicants, 1976-1991

For the second year in a row, the percentage of applicants from the underrepresented minorities declined after reaching a peak of 13.2% in 1989.

Percent of All Applicants
15



Applications, Enrollments, and Graduates for Academic Year 1990-91

Applications, enrollments and graduates all rose in the academic year 1990-91.

Applications for places in the 1990 entering classes at the 15 osteopathic medical schools — as opposed to applicants — increased by 7.8 percent over 1989 (Table III). All but four schools reported an increase in applications in 1990-91. Since 1980, applications have behaved in cyclical fashion — rising to a peak of 18,630 in 1984, then falling to a low point of 12,660 in 1988 before starting their recent rebound.

First-year enrollment set another record in 1990-91 at 1,950 students, an increase of 5.8 percent over last year (Table III and Chart 2). All but three schools reported an increase in first-year enrollment.

Since 1980, total enrollment at the 15 osteopathic medical schools has increased by more than 37 percent to an all-time high of 6,792 students (Table IV).

In 1988-89, the number of graduates exceeded 1,600 for the first time (Table IV). For 1989-90, the number of graduates dropped to 1,529, and rose to 1533 in 1991. The schools expect a substantial increase in 1994 because of previous increases in first-year enrollments (Chart 3).

Table III

Number of Applications Received, First-Year Enrollment and Total Enrollment by School

Colleges	1989-90			1990-91		
	Applications	First-Year Enrollment	Total Enrollment	Applications	First-Year Enrollment	Total Enrollment
CCOM	1,449	145	441	1,557	137	471
COMP	1,005	112	423	987	118	441
COM-OSU	703	79	260	609	91	273
KCOM	1,012	150	531	1,168	151	542
MSU-COM	798	123	499	834	132	511
NYCOM	1,121	149	549	1,065	164	574
OUCOM	1,242	107	363	1,450	108	366
PCOM	809	212	813	890	226	823
SECOM	901	114	407	886	122	426
TCOM	710	111	378	876	107	372
UHS-COM	576	139	494	750	171	520
UMDNJ-SOM	770	62	209	771	68	213
UNECOM	872	79	299	918	81	293
UOMHS/COMS	1,025	193	713	1,286	207	727
WVSOM	852	69	236	881	67	240
Total	13,845	1,844	6,615	14,928	1,950	6,792

Note: The number of applicants indicated above is not unduplicated, as in Table II. Since most applicants apply to several schools, the number of applications is significantly higher than the number of applicants. This table shows applications by school.



Photo courtesy of Philadelphia College of Osteopathic Medicine

Chart 2 - First-Year Enrollment, 1968-1990

Freshmen enrollment continued to climb, reaching a new high in 1990 of 1,950 students.

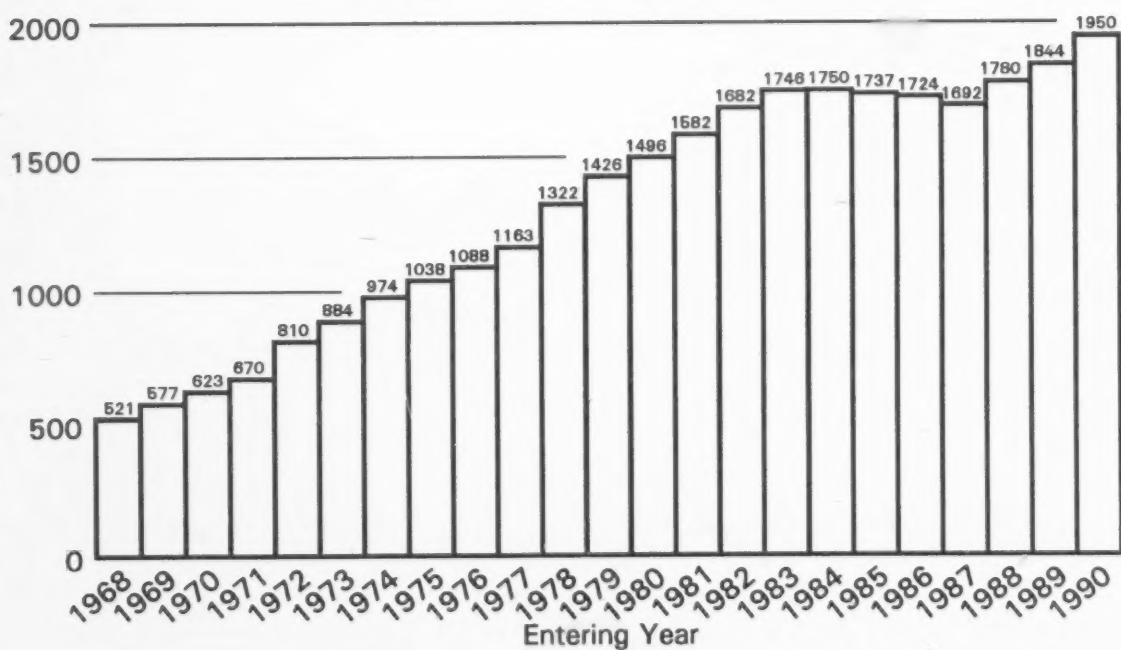




Photo Courtesy of Philadelphia College of Osteopathic Medicine

Table IV

First-Year and Total Enrollment and Graduates
in Schools of Osteopathic Medicine in the U.S., by Gender, by Entering Year

Start of Academic Year	Number of Schools in Operation	FIRST-YEAR ENROLLMENT			TOTAL ENROLLMENT			GRADUATES		
		Total	Women	% Women	Total	Women	% Women	Total	Women	% Women
1968	5	521	21	4.0	1,879	53	2.8	427	8	1.9
1969	5	577	14	2.4	1,997	59	3.0	432	12	2.8
1970	6	623	17	2.7	2,151	61	2.8	472	11	2.3
1971	7	670	29	4.3	2,304	79	3.4	485	18	3.7
1972	7	810	56	6.9	2,579	116	4.5	649	18	2.8
1973	7	884	83	9.3	2,780	181	6.5	594	17	2.9
1974	9	974	106	10.9	3,139	267	8.5	702	44	6.3
1975	9	1,038	140	13.5	3,443	362	10.5	809	58	7.2
1976	11	1,088	179	16.5	3,671	472	12.9	908	84	9.3
1977	12	1,163	192	16.5	3,926	570	14.5	971	68	7.0
1978	14	1,322	222	16.8	4,221	688	16.3	1,004	163	16.2
1979	14	1,426	265	18.6	4,571	789	17.3	1,059	192	18.1
1980	14	1,496	329	22.0	4,940	971	19.7	1,151	202	17.6
1981	15	1,582	378	23.9	5,304	1,108	20.9	1,017	186	18.3
1982	15	1,682	428	25.4	5,822	1,317	22.6	1,317	261	19.8
1983	15	1,746	460	26.3	6,212	1,526	24.6	1,287	262	20.4
1984	15	1,750	511	29.2	6,547	1,707	26.1	1,474	344	23.3
1985	15	1,737	489	28.2	6,608	1,799	27.2	1,560	392	25.1
1986	15	1,724	471	27.3	6,640	1,853	27.9	1,587	412	26.0
1987	15	1,692	490	29.0	6,586	1,904	28.9	1,572	438	27.9
1988	15	1,780	571	32.1	6,614	1,986	30.0	1,609	491	30.5
1989	15	1,844	615	32.1	6,615	2,056	31.1	1,529	431	28.2
1990	15	1,950	667	34.2	6,792	2,221	32.7	1,533	465*	30.1*

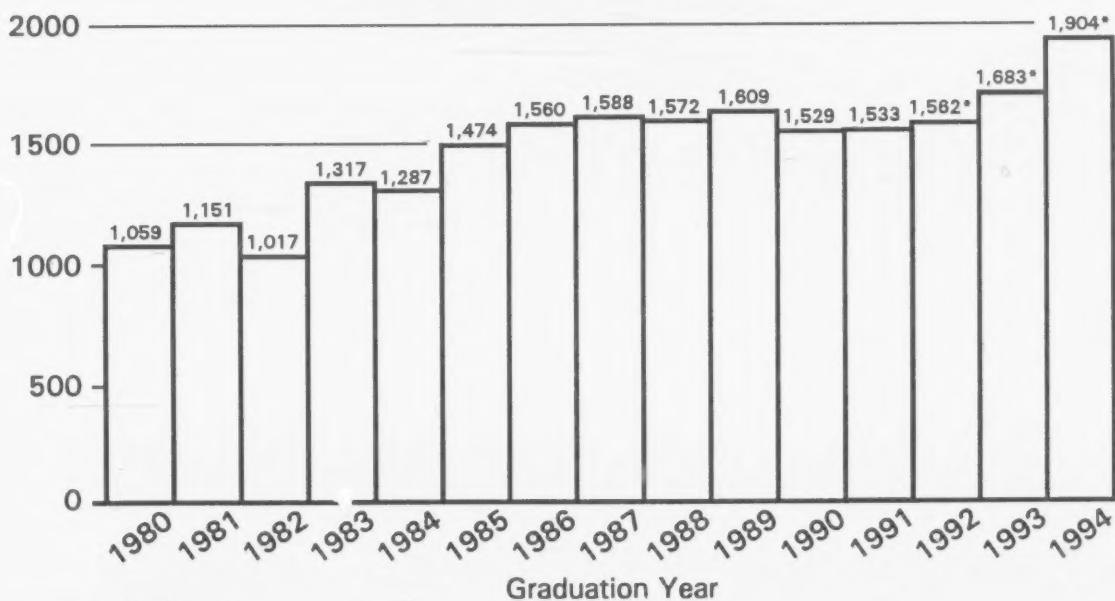
* Estimated



Photo courtesy of the University of Medicine and Dentistry of New Jersey -
School of Osteopathic Medicine

Chart 3 - Graduates, 1980-1994

The number of osteopathic graduates is projected
to rise steadily, reaching 1,904 by 1994.



*Projected



Photo courtesy of West Virginia School of Osteopathic Medicine

Women

Starting from a small base in 1968, first-year enrollment of women in osteopathic medical schools has increased at an average rate of more than 17 percent per year (Chart 4). Although that pace has slowed somewhat in recent years, women's participation in osteopathic medical school still is increasing faster than the men's. In the 1990 entering year, the number of woman freshmen increased by 8.5 percent over the previous year, compared to a 4.4 percent increase for men. Women now comprise over 34 percent of freshmen, almost 33 percent of total enrollment, and about 30 percent of the graduates. (Table IV and Chart 5).

Chart 4 - First-Year Enrollment by Gender, 1968-1990

Since 1968, first-year enrollment of women has increased at an average rate of 17 percent per year. Women now account for over 34 percent of freshmen.

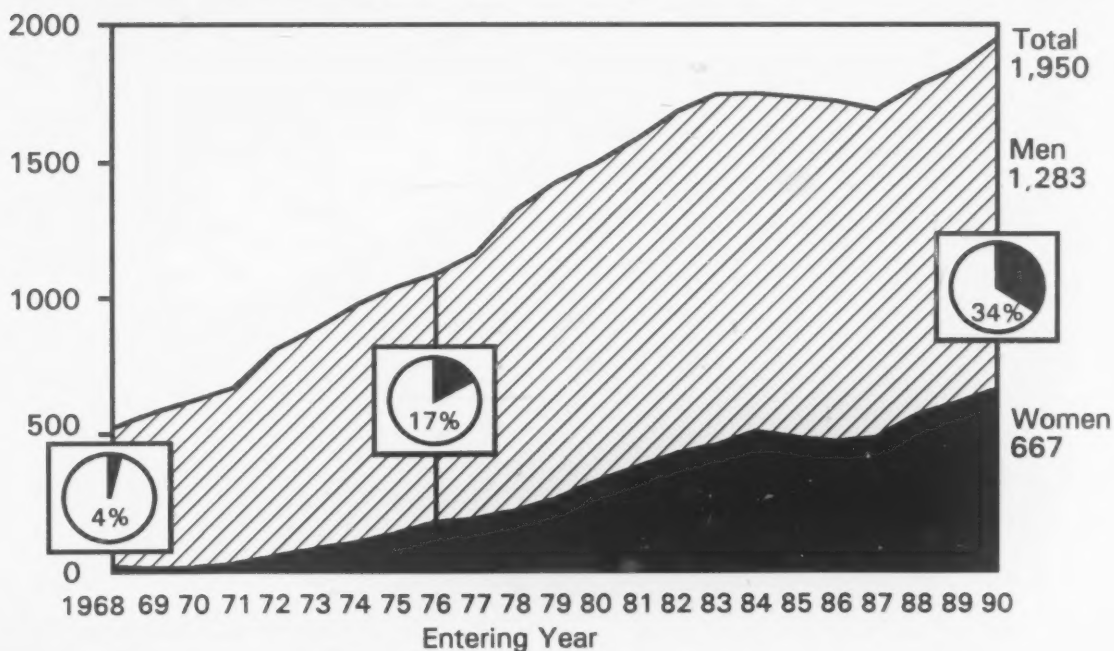
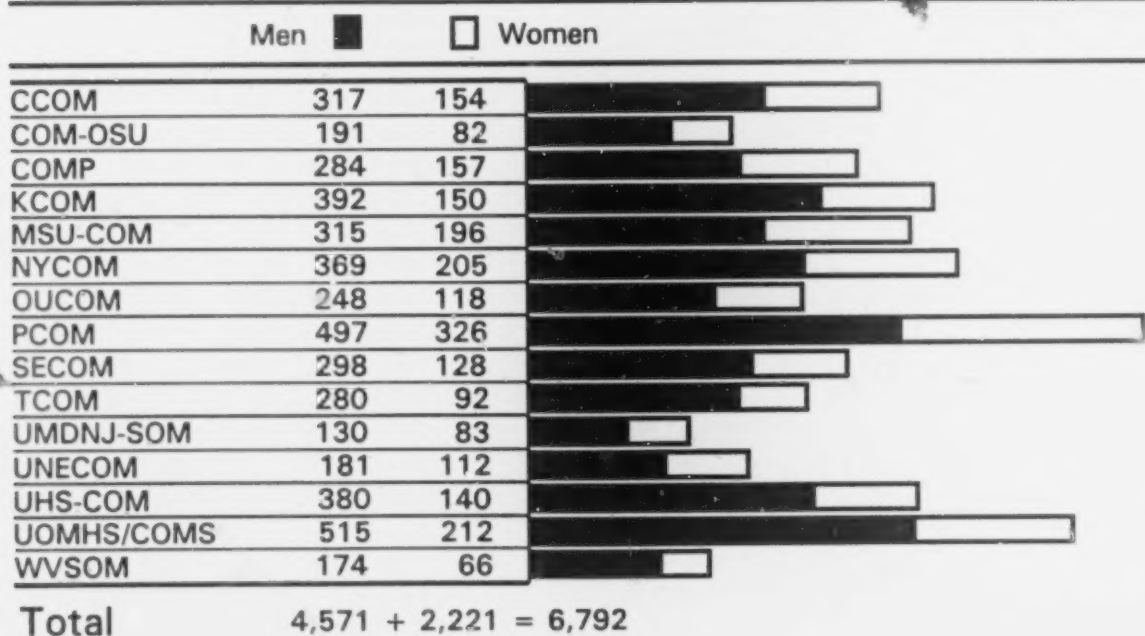




Photo courtesy of University of New England College of Osteopathic Medicine

Chart 5 - Total Enrollment by Gender, 1990-1991

Almost one third of all students enrolled are women.



Minorities

Minority students made huge gains at the 15 osteopathic medical schools during the 1980s. First-year enrollment of Asians has increased at an average rate of over 20 percent per year since 1980, and in 1990, the annual increase was more than 35 percent! (Table V, Chart 6).

First-year enrollment of underrepresented minorities (Black, Native American, and Hispanic) has also done well over the decade, increasing at 10 percent per year since 1980. The latest increase in 1990 was 5.6 percent compared to 2.7 percent for the White, Non-Hispanic group. Nevertheless,

underrepresented minorities remain at 8.8 percent of all first-year enrollees.

The picture looks similar in terms of total enrollment during the decade: Asians showed the strongest growth at more than 20 percent per year, followed by underrepresented minorities at more than 12 percent per year, and White, Non-Hispanic at almost 2 percent per year (Table VI, Chart 7). For the 1990-91 academic year, underrepresented minorities comprise 7.8 percent of total enrollment in osteopathic medical schools — the highest percentage on record.

Chart 6 - First-Year Enrollment by Ethnic Groups, 1990-1991

Ethnic minorities (Black, Native American, Hispanic, and Asian) are a growing proportion of first-year students. Almost 20 percent of 1990 freshmen are minorities.

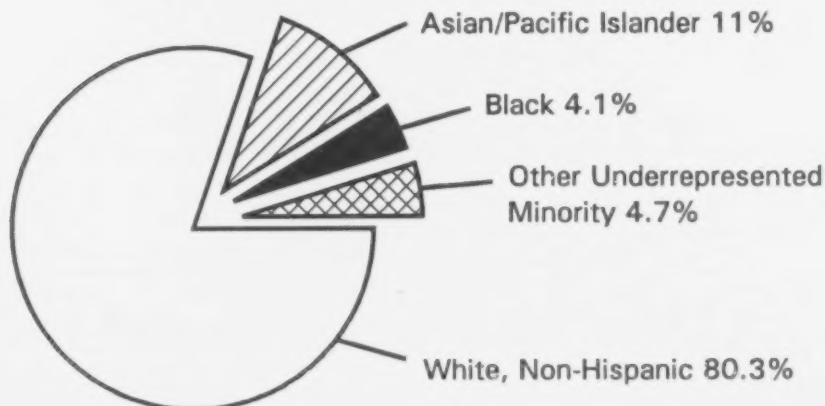


Table V

First-Year Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1990

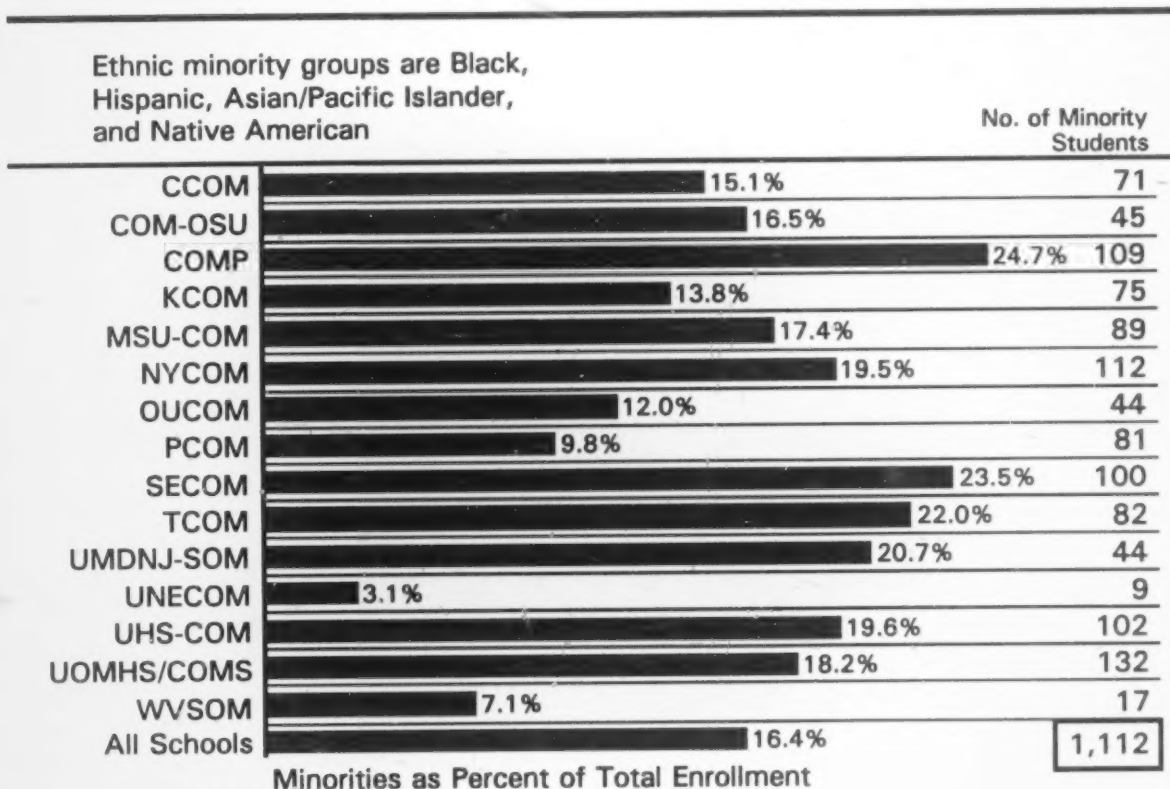
Group	Entering Year								
	1976	1978	1980	1982	1984	1986	1988	1989	1990
Black	26	31	40	38	42	26	85	68	79
American Indian/ Alaskan Native	6	10	8	10	17	9	8	15	14
Hispanic	12	17	18	33	54	56	81	79	78
Total Underrepresented Minority	44	58	66	81	113	91	174	162	171
Percent Underrepresented Minority	4.0	4.4	4.4	4.8	6.5	5.3	9.8	8.8	8.8
White, Non-Hispanic	1,029	1,248	1,397	1,555	1,590	1,560	1,469	1,524	1,565
Asian/Pacific Islander	15	16	33	46	47	73	137	158	214
Total All Groups	1,088	1,322	1,496	1,682	1,750	1,724	1,780	1,844	1,950

Table VI

Total Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1990

Group	Entering Year								
	1976	1978	1980	1982	1984	1986	1988	1989	1990
Black	70	87	94	116	126	117	159	173	217
American Indian/ Alaskan Native	16	24	19	25	50	42	33	39	36
Hispanic	27	36	52	81	126	182	240	246	277
Total Underrepresented Minority	113	147	165	222	302	341	432	458	530
Percent Underrepresented Minority	3.1	3.5	3.5	3.8	4.6	5.1	6.5	6.9	7.8
White, Non-Hispanic	3,516	4,029	4,688	5,467	6,079	6,057	5,801	5,694	5,680
Asian/Pacific Islander	42	45	87	133	166	242	381	463	582
Total All Groups	3,671	4,221	4,940	5,822	6,547	6,640	6,614	6,615	6,792

**Chart 7 - Total Enrollment of Ethnic Minority Groups,
Percent by School, 1990-1991**



Some large schools with low percentages may actually have more minority students enrolled than other schools with higher percentages.

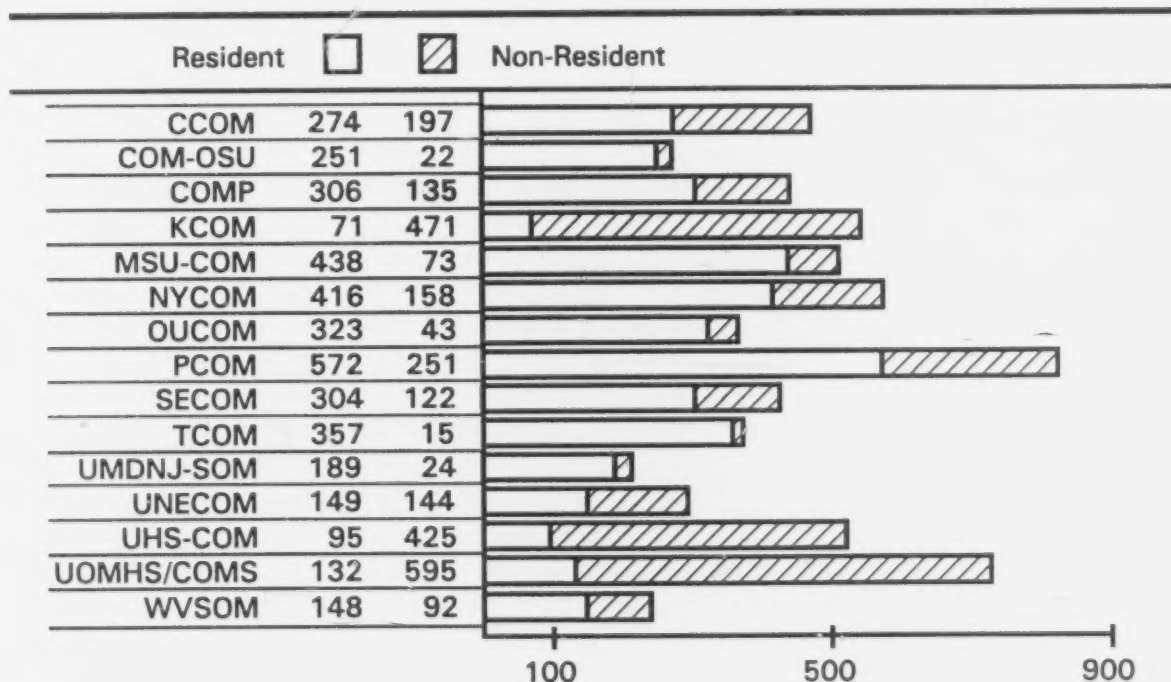
Students

Osteopathic medical students tend to choose schools in their home state (Chart 8). This is especially true in all six public schools, where the students are predominantly state residents. It is also true in six of the nine private schools, but in the other three, non-residents constitute the majority of students. In 1990-91, about 86 percent of public school students and 48 percent of private school students were residents of the state in which their school was located.



Photo courtesy of West Virginia School of Osteopathic Medicine

Chart 8 - Number of State Residents and Non-Residents Enrolled by School, 1990-1991

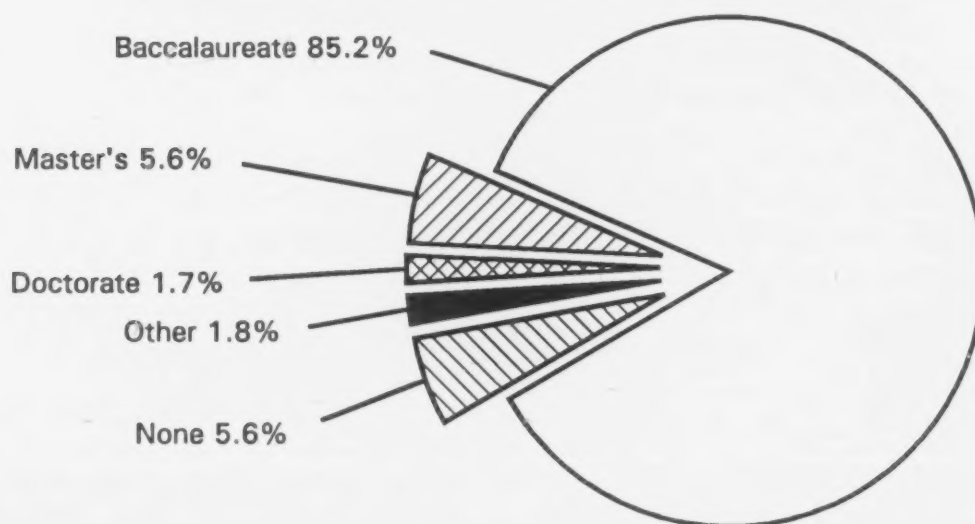


Total 4,025 + 2,767 = 6,792

59.3% of all students are enrolled in schools in their home state.

**Chart 9 - Highest Degree Earned
by Entering Students, 1990-1991**

As usual, most first-year students had earned a baccalaureate.
One of 14 new students had a master's or a doctoral degree.



The number of freshmen who enter with a baccalaureate degree is holding steady at 85 percent or more (Chart 9). In 1990-91, more than 7 percent of freshmen held advanced degrees, close to 6 percent held no degree, and 2 percent held other types of degrees.

There has been a slow, steady decline in the MCAT and GPA scores of entering students during the past decade. The mean MCAT in 1990 was 6.9 compared to 7.9 in 1980, and the mean GPA dropped to 3.12 from 3.26 during that period.

	Entering Year			
<u>MCAT</u>	<u>1980</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Biology	8.0	7.6	7.6	7.4
Chemistry	7.8	6.8	6.9	6.7
Physics	7.6	7.0	6.9	6.8
Science	7.7	7.0	6.9	6.8
Reading	8.0	7.1	7.1	7.1
Mean MCAT	7.9	7.0	7.0	6.9
Mean GPA	3.26	3.13	3.15	3.12

Student Debts

Graduates of osteopathic medical schools in 1990 had incurred debts averaging \$71,500 per student to finance their combined college and medical school education. Only 5 percent of the graduates were debt-free. For the other 95 percent, the average amount owed was \$74,900. The debt burden on osteopathic medical school graduates has grown since 1983 by almost 13 percent per year. In 1990, more than a quarter of the graduates had debts exceeding \$100,000.

The debt burden correlates with a number of socio-economic factors. In 1990, for example, underrepresented minority students incurred the

greatest amount of debt, \$76,200, at graduation from osteopathic medical school, compared to \$71,000 for Caucasian students. Asian students owed the smallest amount at graduation — an average of \$60,000.

Students who had financial support from their parents tended to incur less debt than those who were financially independent. Marital status, gender, and age also appear to affect the amount of debt incurred. Additional details about student debts are provided in AACOM's publication, Debts and Career Plans of Osteopathic Medical Students in 1990.

Scholarships and Loans - 1989-90

Clearly, scholarships ease a student's debt burden. Those who had received more than \$10,000 in scholarship funds owed about \$14,000 less on average than those with no scholarship aid. Graduates in 1990 reported receiving an average \$17,500 in scholarships for their osteopathic medical education. The main sources of these funds were state governments, the schools, and the Armed Forces (Chart 10). About \$9.9 million in scholarships were awarded to students at the 15 schools in 1989-90.

Twenty-three students received National Health Service Corps Scholarships in 1989-90, up from 16 in the previous year.

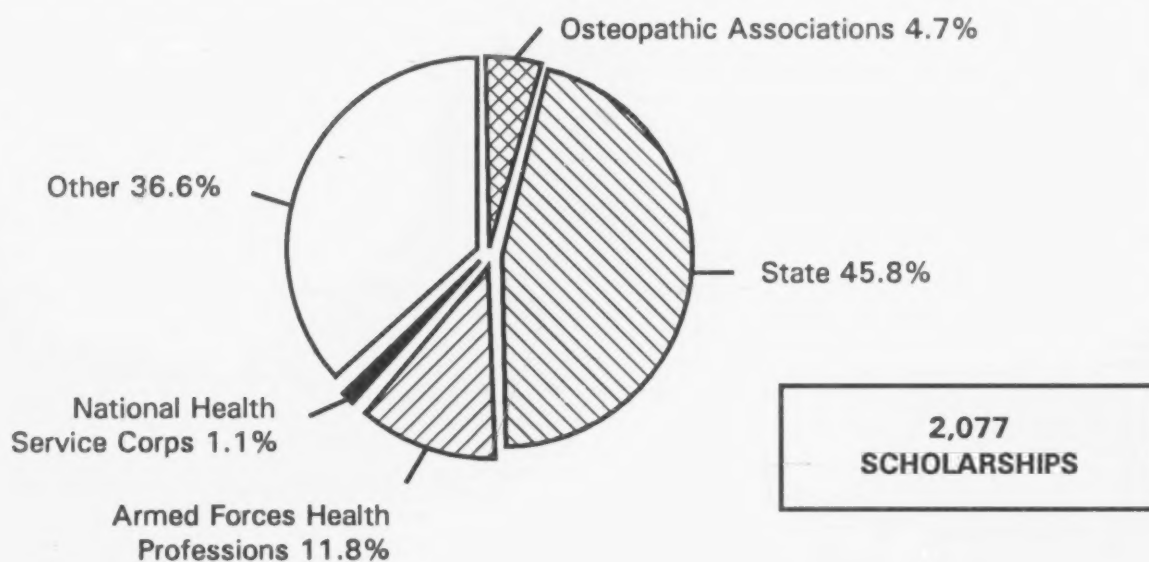
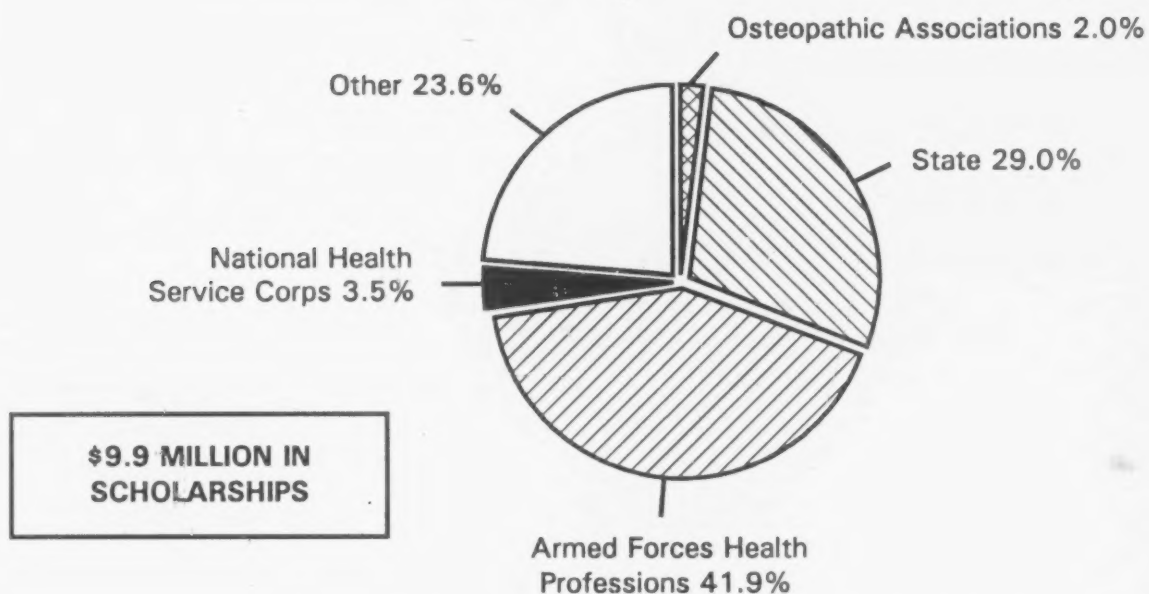
Loans insured by the federal government provided the bulk of the money borrowed by students (Chart 11). The Health Education Assistance Loan (HEAL) program was a major source: almost 59 percent of seniors reported borrowing from this source. The average HEAL loan outstanding at graduation was \$41,000. For the 1989-90 academic year, the schools reported that more than 3,600 students received \$43.6 million

in HEAL loans, making this the single largest source of loans that year in dollar terms. The Stafford Student Loan program (formerly Guaranteed Student Loan — GSL), however, was the largest in terms of number of students participating. More than 5,600 students received a total of \$40.7 million in Stafford loans in 1989-90. Students at the 15 schools borrowed more than \$108 million in 1989-90.

Starting with this report, data on a relatively new loan program — Supplemental Loans for Students (SLS) — are being presented. The SLS program is a federally-insured educational loan program offering up to \$4,000 per year for U.S. citizens or permanent residents. In prior reports, these loans were included with the Stafford program — another federally-guaranteed loan program. But because of its rapid growth (almost 21 percent of all loans made to osteopathic medical students now are SLS loans — see Chart 11), data on these loans are now being collected and shown separately. A total of \$13.9 million in SLS loans were made to 3,587 osteopathic medical students in 1989-90.

Chart 10 - Percent Distribution of Scholarships, 1989-1990

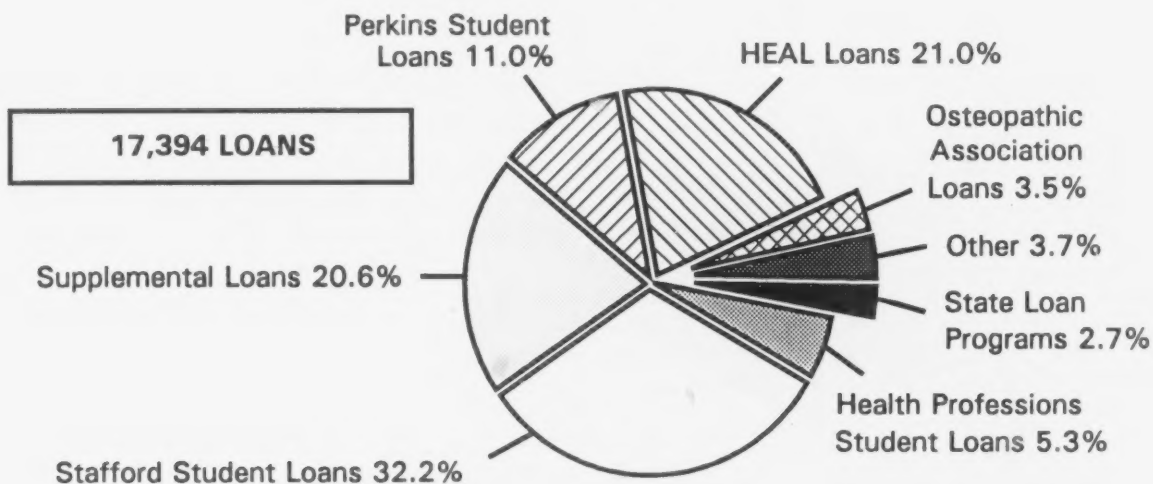
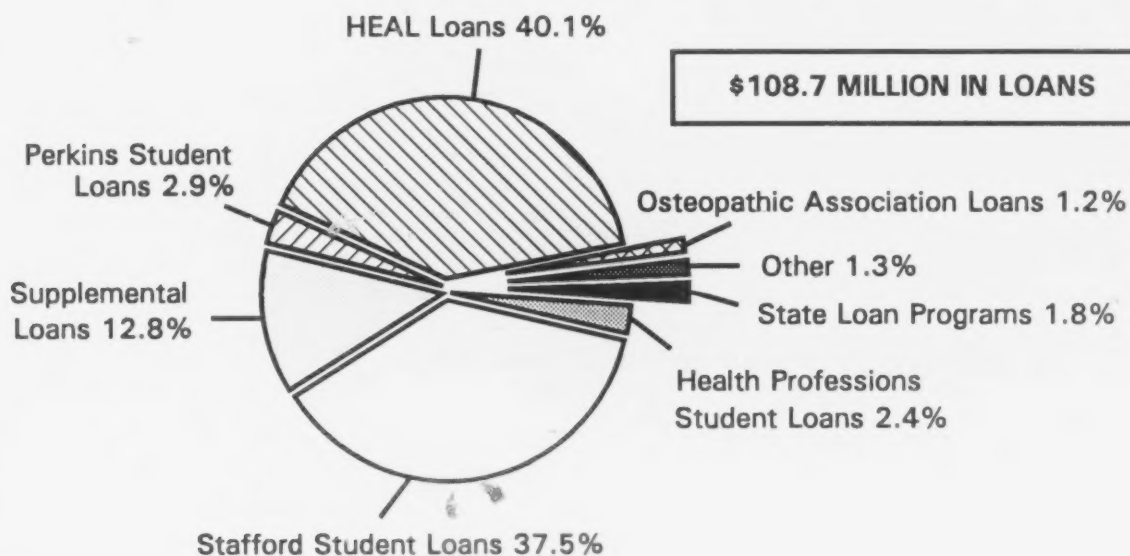
State programs provided the greatest number of scholarships, but the Armed Forces supplied the most money (\$4.2 million).



States provided about 46 percent of the 2,077 scholarships awarded in 1989-90.

Chart 11 - Percent Distribution of Loans, 1989-1990

The Stafford loan program provided the greatest number of loans, but the HEAL program supplied the most money (\$43.6 million).



The Stafford program provided more than 32 percent of the 17,394 loans made to osteopathic medical students in 1989-90.

- In last year's report, some Supplemental Loans were included with the Stafford Student Loans. This year they are shown separately. This accounts for the apparent drop in the number and amount of Stafford Loans from Fiscal Year 1989 to Fiscal Year 1990.

Student Costs - 1989-90

Typical expenses for a first-year osteopathic medical student this year were about \$22,200, an increase of 6 percent from 1988-89. These are the estimated costs for an unmarried freshman who is an in-state resident, and includes tuition and fees, books and equipment, transportation, and room and board. For out-of-state students, the costs were about 6 percent higher at \$25,700.

In private schools, the estimated cost for a first-year in-state resident was \$25,300, up 5 percent

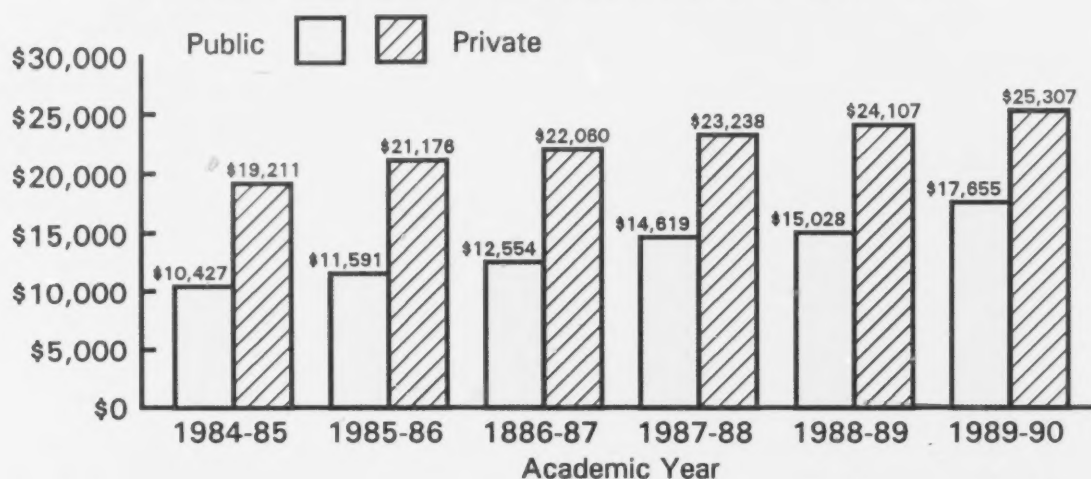
from last year (Chart 12). Tuition increased by 4 percent and other expenses by 6 percent.

In public schools, average tuition jumped by almost 13 percent, and other expenses by 6 percent, bringing the average cost to \$17,700, an increase of about 8 percent over last year.

These figures are considered approximate. They are obtained from AACOM's annual statistical survey of the colleges. Personal expenses are omitted, and transportation costs are included only when they are necessary parts of training, for example, from schools to off-site clinics.

**Chart 12 - Total Expenses for
In-State Freshmen, 1985-1990**

Estimated expenses for first-year state-residents at private schools rose 5% from 1988-89; in public schools, they increased by 8%.



Faculty

There were 6,631 faculty members serving the 15 osteopathic medical schools in 1990-91, down from 6,820 in the previous year. Decreases occurred in the number of volunteers and full-time faculty, while part-time faculty increased by 10 percent.

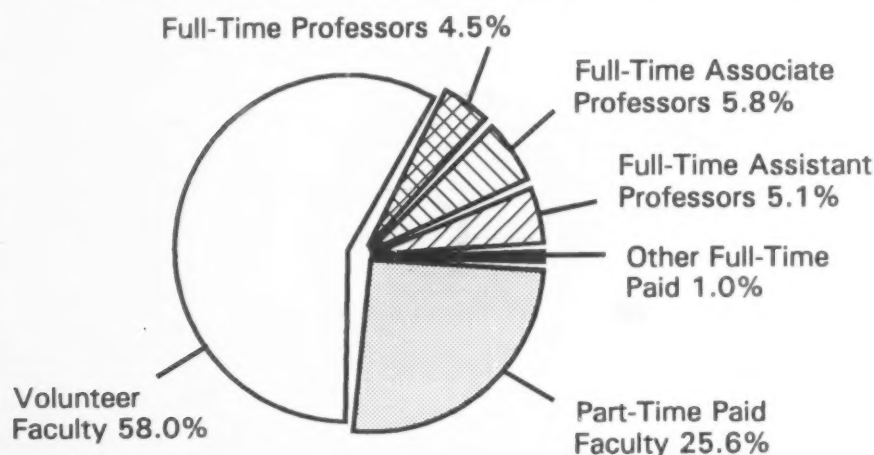
Many D.O.s contribute their time to teaching osteopathic medical students, particularly in the clinical sciences (Chart 13). The six public schools relied on volunteer faculty to a greater extent than the nine private schools. More than 71 percent of the 2,927 public school faculty members were volunteers compared to about 48 percent of

the 3,704 faculty members in private schools. Because of the large number of D.O. volunteers, the public schools had a lower student/faculty ratio (0.67) than the private schools (1.3). But counting only the paid faculty, the student/faculty ratios in both public and private schools were nearly equal — 2.3 in public schools and 2.5 in private schools.

The basic science departments of the 15 schools are staffed mainly by full-time faculty, while the clinical departments are staffed mainly by part-timers and volunteers. Of the 408 basic science faculty members, more than 83 percent were full-time. In clinical science departments, only 12 percent of the 6,223 faculty members were full-time.

Chart 13 - Faculty by Rank and Type of Appointment, 1990-1991

More than 16 percent of faculty in 1990-91 were full-time, about 26 percent were part-time, and 58 percent were volunteers.

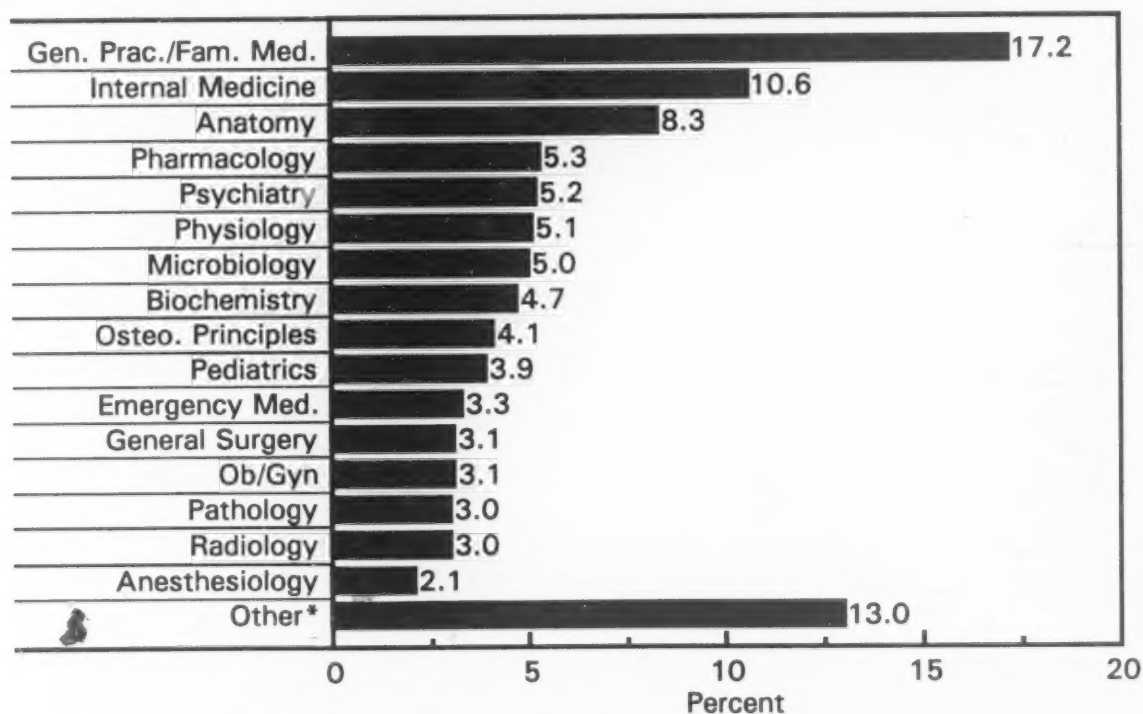


Specialization of Faculty

Over the years, three specialties — general/family practice, internal medicine, and anatomy — have constituted about one-third of the full-time faculty in osteopathic medical schools. This trend continued in 1990-91 (Chart 14). Of the volunteer faculty, the largest group again was in general/family practice, followed by internal medicine, and general surgery.

Specialty board certification of faculty members continues to grow. Thirteen of the 15 schools provided certification information on their faculty in 1990-91, and these data show that 1,758 had received board certification in a specialty — up from 1,707 in the previous year (Chart 15). Over the past five years, the number of board-certified faculty members has increased by almost 60 percent at these 13 schools. Currently more than 26 percent of faculty (including volunteers) have achieved board certification.

Chart 14 - Full-Time Faculty by Discipline, 1990-1991



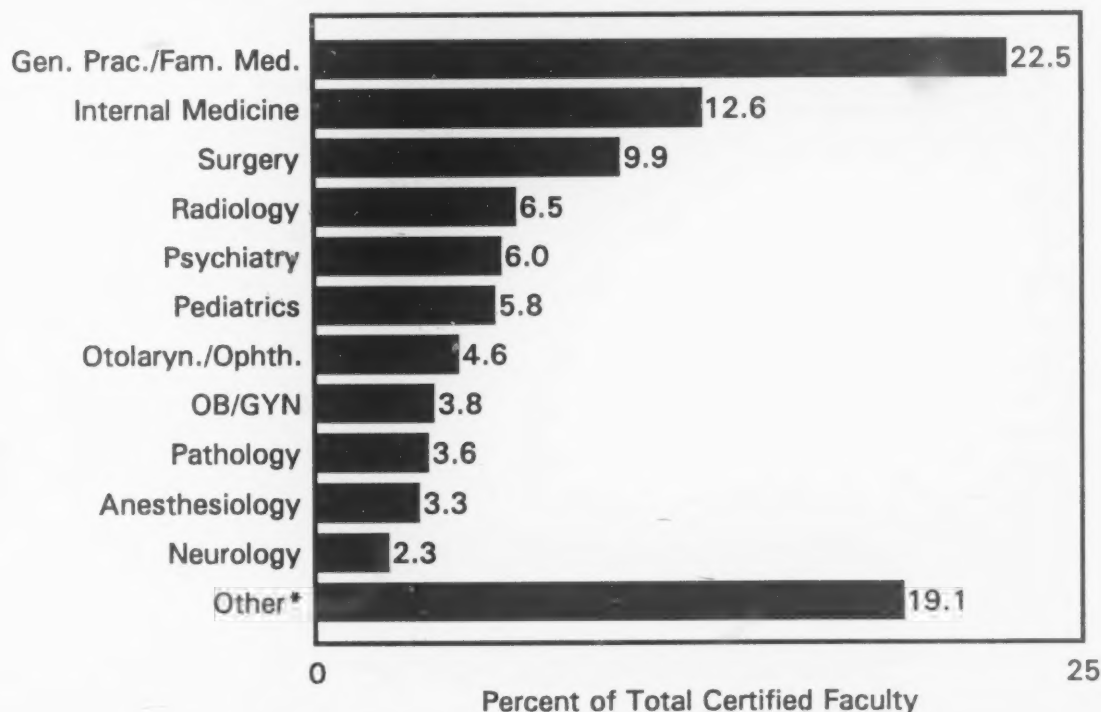
* Other disciplines include Dermatology, Geriatrics, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Physical Medicine and Rehabilitation, and Urology.

Degrees Held by Faculty

During the past 10 years, the distribution of degrees held by faculty has shifted toward more D.O.s and fewer Ph.D.s. Since 1980-81, the percent of faculty holding D.O. degrees has increased from 64 percent to almost 74 percent (Chart 16). At the same time, faculty holding the Ph.D. (including M.D./Ph.D.) has dropped from 19 percent to 7.6 percent. Those with only the M.D. degree have increased from about 13 to 15 percent of faculty.

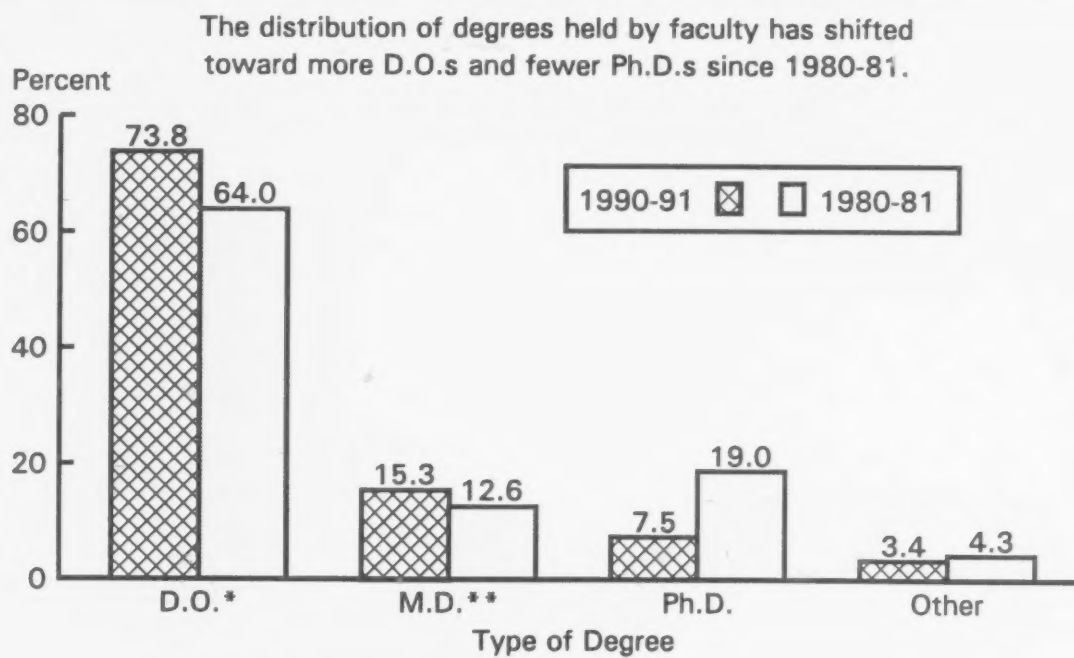
Chart 15 - Specialty Certification of Faculty, 1990-1991

General/Family Practice continues to be the leading specialty in terms of board-certification -- more than 22 percent of all board-certified faculty members were in that field.



* Other specialties frequently mentioned were Cardiology, Emergency Medicine, Orthopedic Surgery, Neurological Surgery, and Osteopathic Principles and Practice.

Chart 16 - Degrees Held by Faculty



* Includes D.O.s with multiple degrees.

** Includes M.D.s with multiple degrees.

Curriculum

In addition to the basic and clinical sciences essential to modern medicine, some areas of special social or medical interest are taught in the osteopathic medical schools. Over the past decade, the emphasis given to these areas has shifted somewhat as issues gain or lose prominence. Since 1980-81, the special area gaining the most attention in terms of class hours devoted to the subject is that of doctor/patient relationships — an issue to which the number of class hours has increased by almost 400 percent over the decade (Table VII). More than 500 class hours per year are now allocated to training in the subject by the 15 schools, and more than 3,300 students per year receive this training.

Geriatrics ranks second in terms of class hours, and third in terms of number of students receiving training. Alcoholism/drug abuse now ranks first among the special topics in terms of the number of students receiving training, and has also had a big increase since 1980 (410 percent). Cost containment and occupational/environmental

health are other topics in which the schools have increased the time allocated to training, while decreasing the time devoted to rehabilitation and history of medicine.

About half the schools provide training in these special-interest areas as part of a more general course, and about half provide it in specialized courses devoted to the specific issue.

Eleven schools are planning for, or implementing, curriculum changes, and in six of those, the changes involve the addition or expansion of geriatrics programs.

As for the exams of the National Board of Osteopathic Medical Examiners, fewer schools are using the results to determine advancement or graduation, but more are using them to evaluate the effectiveness of the educational program than was true a decade ago. Only four schools are using something other than the National Boards to measure student achievement and/or program effectiveness. In these cases, the schools measure effectiveness on the basis of evaluations by the students and departmental chairmen, comprehensive exams, or exit interviews with graduating seniors.

Table VII

Areas of Special Interest Included in the Curriculum
of Osteopathic Medical Schools

Special Areas of Training (Ranked in order of class hours)	Class Hours per Year Spent in Training	Percent Change Since 1980-81	Number of Students Receiving Training in Area	Percent Change Since 1980-81
1. Doctor/Patient Relationship	543	398	3,334	354
2. Geriatrics	422	162	3,260	564
3. Nutrition	369	125	2,369	156
4. Human Sexuality	230	111	2,274	202
5. Alcoholism/Drug Abuse	194	229	3,649	410
6. Occupational/Environmental Health	164	138	2,134	270
7. Rehabilitation	143	-3	2,083	128
8. History of Medicine	93	-3	1,744	112
9. Financial Management of Private Practice	79	114	1,314	169
10. Cost Containment	67	347	1,890	605

Grants and Contracts - Fiscal Year 1990

Led by huge increases in grants awarded to two of the osteopathic medical schools, the total value of all grants and contracts awarded during the 1989-90 academic year rose a whopping 48 percent from the previous year, reaching a new high of \$51.7 million.

This marks the eighth straight year that the dollar amount of grants and contracts has increased at the 15 schools. Since 1980, the value of grants and contracts awarded has grown at an average annual rate of almost 16 percent (Chart 17). Even after adjusting for inflation (using the NIH's Biomedical Research and Development Price Index), the average rate of increase over the past decade has been 9 percent per year.

Federal research grants and contracts account for about two-thirds of the funding awards received by the schools (Table VIII). The states awarded almost 20 percent of the funds, and the foundations provided the remaining 14 percent. As can be seen from Table VIII, the bulk of these funds come in the form of grants rather than contracts. Grants accounted for 93 percent of the \$51.7 million total awarded the schools in 1989-90.

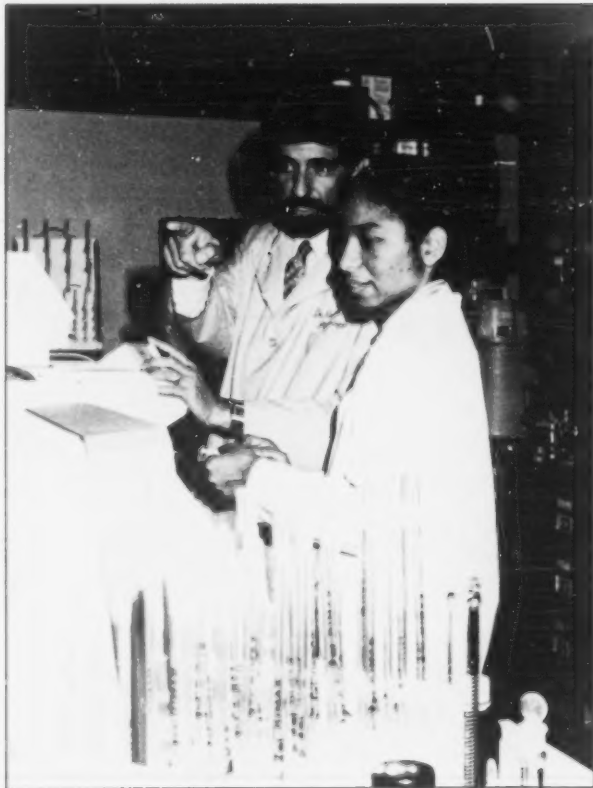


Photo courtesy of Texas College of Osteopathic Medicine

Chart 17 - Grants and Contracts Awarded to Osteopathic Medical Schools, 1980-1990

The value of all grants and contracts awarded to osteopathic medical schools has increased at almost 16 percent per year since 1980. After adjusting for inflation, the average increase was 9 percent per year.



* Much of the increase in Fiscal Year 1990 is accounted for by significant increases in grant and contract awards to two schools.

Table VIII

Sources of Funds for Grants and Contracts Awarded 1989-1990
in Millions of Dollars

	<u>Grants</u>	<u>Contracts</u>	<u>Total Amount</u>	<u>Percent</u>
Federal	\$ 33.7	\$ 0.7	\$ 34.4	66.7%
State	7.9	2.2	10.1	19.5
Foundations, etc.	6.6	0.5	7.1	13.8
Total	\$ 48.2	\$ 3.4	\$ 51.7	100.0%

Revenues - Fiscal Year 1990

Total revenue in the osteopathic medical schools exceeded \$300 million for the first time in FY 1990 (Table IX). Much of the increase over last year's \$240 million, however, was due to a change in accounting procedures at one of the schools which now reports all revenues and expenditures of its medical center including its hospitals and clinics. If the amount added by that

change is excluded from the FY 1990 total, the increase in revenue over FY 1989 is 10 percent.

State appropriations regained top ranking as a source of funds, after temporarily losing that spot to tuition and fees last year.

Over the past decade, total revenues reported by the schools increased at an average annual rate of 9.1 percent before adjusting for inflation, and by 4.6 percent after adjustment.

Table IX

Revenues in Osteopathic Medical Schools Fiscal Years 1989, 1990

	Fiscal Year			
	1989		1990	
	\$Millions	Percent	\$Millions	Percent
A. Tuition and Fees*	76.6	32.0	83.0	26.8
B. Government Appropriations	76.1	31.8	84.3	27.2
Federal	0	0	0	0
State	76.1	31.8	84.3	27.2
Local	0	0	0	0
C. Government Grants and Contracts	30.6	12.8	31.5	10.2
Federal	20.0	8.4	16.5	5.3
State	10.6	4.4	15.0	4.9
Local	.01	-	.01	-
D. Private Gifts, Grants, and Contracts	8.0	3.4	7.2	2.3
E. Endowment Income	1.2	0.5	2.1	0.7
F. Other Sources	47.1	19.6	102.0	32.9
Medical practice plans	18.0	7.5	23.5	7.6
Parent school appropriations	6.3	2.6	7.2	2.3
Hospitals, clinics	12.0	5.0	58.8**	19.0
Sales and service of education activities	0.2	0.1	2.0	0.6
Other	10.6	4.4	10.4	3.4
G. Total Revenue	239.6	100.0	310.1	100.0

* One school did not report Tuition and Fees.

** Most of this increase in hospital/clinic revenue in 1990 was because of a change in accounting procedures at PCOM.

Note: Revenue from government grants and contracts will not necessarily agree with government grant and contract awards shown in Table VIII because the schools may not convert these funds directly to revenue in the same year.

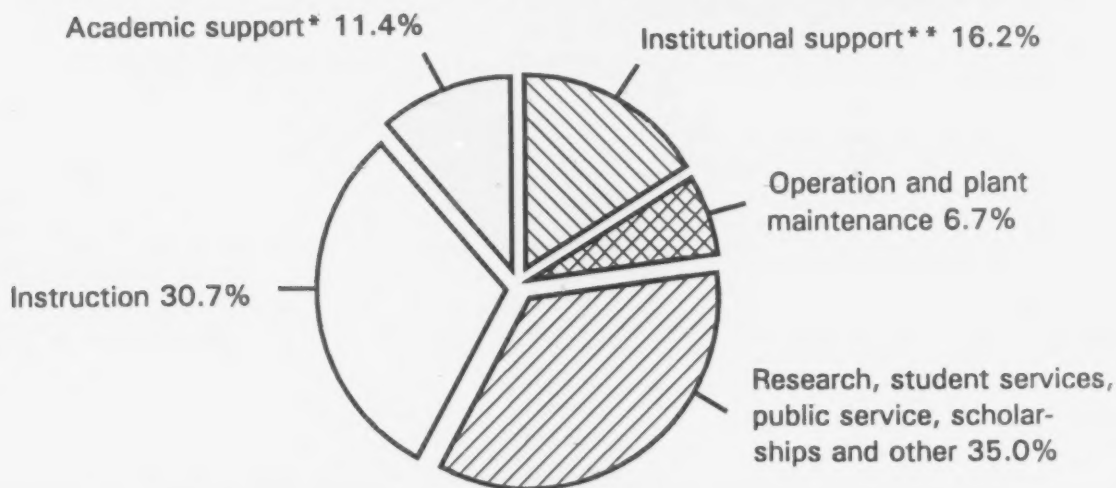
Expenditures - Fiscal Year 1990

Expenditures reported by the schools rose substantially in 1990, primarily due to the change in accounting procedures at one of the 15 schools. Because of these changes, it is difficult to make comparisons with prior years.

Instruction remains the largest single item, accounting for more than 30 percent of expenses (Chart 18). This year, the category of "Other Expenditures" also jumped as a result of the accounting changes mentioned above. Thus, 35 percent of expenses fell into the category containing research, student services, public service, scholarships, and other expenses.

Chart 18 - Distribution of Expenditures, Fiscal Year 1990

Just over 40 percent of the money spent by the osteopathic medical colleges was used for instruction and academic support (defined below).



* Academic support includes educational materials, libraries, machine shop, computer services, animal resource center, etc.

** Institutional support includes cost of administration, management and planning, fiscal operations, administrative data processing, space management, personnel records, and community and alumni relations.



Photo courtesy of The University of Health Sciences
- College of Osteopathic Medicine

Location of Colleges of Osteopathic Medicine



Other Publications Available From AACOM

The Education of the Osteopathic Physician:

A comprehensive book that provides information essential to the health professions advisor and the prospective osteopathic medical student. Included is information on the education process: medical school through internship and residency, licensure, practice options, and history and philosophy of osteopathic medicine. Admissions criteria and brief overviews of the 15 osteopathic medical schools also are provided.

\$8 per copy

Osteopathic Medical Education: A brief introduction to osteopathic medical education and practice.

*No charge for single copies
Bulk rates @ \$8.50 per 50 copies,
\$15 per 100 copies*

College Information Booklet: This brochure contains information on the 15 osteopathic colleges, including a brief description of each college, admissions criteria, minimum entrance requirements, supplementary application materials required, an indication of class size or enrollment, application deadlines, and tuition.

*\$1 per copy
Bulk rates @ \$12.50 per 25 copies,
\$37 per 100 copies*

Selected Sources of Financial Aid for Osteopathic Medical Students (1991): Provides an overview of financial aid resources available to osteopathic medical students, and a source guide for people to contact regarding financial aid information.

*\$7 per copy
Bulk rates @ \$140 per 25 copies,
\$210 per 50 copies*

Application Packet: Contains application materials for the centralized application service, procedures for applying, and detailed information about the 15 osteopathic medical schools.

No charge

AACOM Organizational Guide: Describes the organizational structure of AACOM, a list of members of its councils, sections, and committees, and a listing of administrative staff and faculty in the 15 colleges of osteopathic medicine.

\$9 per copy

Study on Competency-Based Objectives for Undergraduate Osteopathic Medical Education: Outlines the minimum clinical competencies expected of a newly graduated osteopathic physician, the component elements contributing to those competencies, and a timetable for the introduction and/or completion of these competencies. Competency objectives for the five core areas of osteopathic medical education - medicine, surgery, pediatrics, obstetrics/gynecology, and general and family practice - are identified.

\$18 per copy

Debts and Career Plans of Osteopathic Medical Students: A survey that examines indebtedness of osteopathic medical students at the 15 osteopathic colleges. The situations, characteristics, and plans of students are compared at their entrance to osteopathic medical school and just prior to their graduation.

\$9 per copy

Osteopathic Medical Education: A Handbook for Minority Applicants: Provides summary accounts of the osteopathic profession, pathways to osteopathic education, and the educational training programs of the osteopathic medical colleges.

*\$2 per copy
Bulk rates @ \$40 per 25 copies,
- \$125 per 100 copies*

1992 Annual Statistical Report

AACOM

AMERICAN ASSOCIATION
OF COLLEGES OF
OPTOMETRISTS



1992 Annual Statistical Report

**American Association of
Colleges of Osteopathic Medicine**

6110 Executive Boulevard, Suite 405
Rockville, Maryland 20852

Prepared by
Allen M. Singer, Ph.D.

September 1992

Printing and distribution of this annual study have been made possible since 1986 by a donation from The Upjohn Company. AACOM, once again, gratefully acknowledges this special contribution.

\$13.00

Colleges Of Osteopathic Medicine

Chicago College of Osteopathic Medicine (CCOM)

555 31st Street
Downers Grove, IL 60515-1235
(708) 515-6472
*Jack B. Kinsinger, Ph.D., President
and Chief Executive Officer*

College of Osteopathic Medicine of the Pacific (COMP)

College Plaza
Pomona, California 91766-1889
(714) 623-6116
Philip Pumerantz, Ph.D., President

Kirkville College of Osteopathic Medicine (KCOM)

800 West Jefferson Street
Kirkville, Missouri 63501
(816) 626-2121
Fred C. Tinning, Ph.D., President

Michigan State University College of Osteopathic Medicine (MSU-COM)

East Fee Hall
East Lansing, Michigan 48824
(517) 355-9611
Douglas L. Wood, D.O., Ph.D., Dean

New York College of Osteopathic Medicine of New York Institute of Technology (NYCOM)

Wheatley Road, Box 170
Old Westbury, New York 11568
(516) 626-6900
Matthew Schure, Ph.D., President

Ohio University College of Osteopathic Medicine (OUCOM)

Grosvenor and Irvine Halls
Athens, Ohio 45701
(614) 593-1800
Frank W. Myers, D.O., Dean

Oklahoma State University/ College of Osteopathic Medicine (OSU/COM)

1111 West 17th Street
Tulsa, Oklahoma 74107
(918) 582-1972
Thomas Wesley Allen, D.O., Provost/Dean

Philadelphia College of Osteopathic Medicine (PCOM)

4150 City Avenue
Philadelphia, Pennsylvania 19131
(215) 871-1000
*Leonard Finkelstein, D.O., President
and Chairman of the Board*

Southeastern University of the Health Sciences College of Osteopathic Medicine (SECOM)

1750 N.E. 168th Street
North Miami Beach, Florida 33162-3097
(305) 949-4000
Morton Terry, D.O., President

Texas College of Osteopathic Medicine (TCOM)

3500 Camp Bowie Boulevard
Fort Worth, Texas 76107
(817) 735-2000
David M. Richards, D.O., President

The University of Health Sciences - College of Osteopathic Medicine (UHS-COM)

2105 Independence Boulevard
Kansas City, Missouri 64124
(816) 283-2000
John P. Perrin, J.D., President and CEO

University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine (UMDNJ-SOM)

401 S. Central Plaza, Suite 111
Stratford, New Jersey 08084
(609) 346-6990
Frederick J. Humphrey II, D.O., Dean

University of New England College of Osteopathic Medicine (UNECOM)

11 Hills Beach Road
Biddeford, Maine 04005
(207) 283-0171
Thomas Hedley Reynolds, Ph.D., President

University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery (UOMHS/COMS)

3200 Grand Avenue
Des Moines, Iowa 50312
(515) 271-1400
J. Leonard Azneer, Ph.D., President

West Virginia School of Osteopathic Medicine (WVSOM)

400 North Lee Street
Lewisburg, West Virginia 24901
(304) 645-6270
Olen E. Jones, Jr., Ph.D., President



Photo courtesy of Oklahoma State University/
College of Osteopathic Medicine

Table of Contents

Trends and Highlights	2
Applicants and Applications	
Women and Minorities	
Student Indebtedness	
Scholarships and Loans	
Grant and Contract Awards	
About this Report	
AACOMAS Applicants for the 1992 Entering Class	4
Applications, Enrollments, and Graduates for Academic Year 1991-92	6
Women	8
Minorities	10
Students	12
State Residency	12
Degree Levels, MCAT and GPA Scores	12
Student Debts and Specialty Choices	15
Scholarships, Grants and Loans, 1990-91 ..	16
Student Costs, 1990-91	19
Faculty	21
Specialization of Faculty	22
Curriculum - Special Topics	23
Grant and Contract Awards	
- Fiscal Year 1991	24
Revenues - Fiscal Year 1991	25
Expenditures - Fiscal Year 1991	26
Other Publications Available from AACOM	28

List of Charts

1. Underrepresented Minority Applicants, 1976-1992	4	11. Types of Scholarships Awarded to Osteopathic Medical Students, 1983-84 through 1990-91 (Constant 1982 Dollars)	17
2. First-Year Enrollment, 1968-1991	7	12. Sources of Loans Made to Osteopathic Medical Students, 1983-84 through 1990-91 (Constant 1982 Dollars)	18
3. Graduates, 1980-1995	7	13A. Total Expenses for In-State Freshmen, Academic Years 1984-85 through 1990-91	20
4. First-Year Enrollment by Gender, 1968-1991	9	13B. Total Expenses for In-State Freshmen, Academic Years 1984-85 through 1990-91 (Constant 1982 Dollars)	20
5. Total Enrollment by Gender, 1991-92	9	14. Growth in Faculty Size, 1986-87 through 1991-92	21
6. First-Year Enrollment by Ethnic Groups, 1991-92	11	15. Full-Time Faculty by Discipline, 1991-92	22
7. Total Enrollment of Ethnic Minority Groups, by School, 1991-92	12	16. Grants and Contracts Awarded to Osteopathic Medical Schools, 1980-1991	24
8. Number of State Residents and Nonresidents Enrolled by School, 1991-92	13	17. Distribution of Expenditures, Fiscal Year 1991	26
9. Highest Degree Earned by Entering Students, 1991-92	13		
10. Scholarships and Loans Awarded to Osteopathic Medical Students, 1980-81 through 1990-91 (Constant 1982 Dollars)	16		

List of Tables

I Distribution of Osteopathic Physicians as of June 26, 1992	1	V First-Year Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1991	10
II AACOMAS Applicants to Osteopathic Medical Schools: Ethnic Groups and Women by Entering Year	5	VI Total Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1991	11
III Number of Applications Received, First-Year Enrollment and Total Enrollment by School	6	VII Areas of Special Interest Included in the Curriculum of Osteopathic Medical Schools, 1991-92	23
IV First-Year and Total Enrollment and Graduates in Schools of Osteopathic Medicine in the U.S., by Gender and Entering Year	8	VIII Revenues in Osteopathic Medical Schools Fiscal Years 1990, 1991	25

Table I

THE OSTEOPATHIC PROFESSION
Distribution of Osteopathic Physicians as of June 26, 1992

Location	Number of Osteopathic Physicians		Location	Number of Osteopathic Physicians	
	Total	Active		Total	Active
Alabama	114	112	New Hampshire	43	33
Alaska	46	46	New Jersey	1,970	1,900
Arizona	846	716	New Mexico	167	137
Arkansas	105	93	New York	1,607	1,546
California	1,380	1,308	North Carolina	101	85
Colorado	517	469	North Dakota	24	22
Connecticut	100	92	Ohio	2,770	2,632
Delaware	146	137	Oklahoma	986	917
District of Columbia	19	18	Oregon	335	288
Florida	2,207	1,849	Pennsylvania	4,113	3,913
Georgia	325	300	Rhode Island	152	140
Hawaii	57	52	South Carolina	98	88
Idaho	65	54	South Dakota	42	34
Illinois	1,294	1,253	Tennessee	175	160
Indiana	392	371	Texas	1,996	1,864
Iowa	825	755	Utah	47	44
Kansas	442	396	Vermont	40	31
Kentucky	122	114	Virginia	230	213
Louisiana	65	63	Washington	406	369
Maine	401	356	West Virginia	342	325
Maryland	175	165	Wisconsin	336	309
Massachusetts	255	229	Wyoming	23	21
Michigan	4,226	3,978	Military Service	1,130	1,130
Minnesota	150	136	U.S. Public Health Service	146	146
Mississippi	93	89	U.S. Territories	6	6
Missouri	1,584	1,415	Canada	34	20
Montana	47	43	Foreign (U.S. trained)	47	35
Nebraska	45	39			
Nevada	164	150			
			TOTAL	33,573	31,206

SOURCE: American Osteopathic Association

Trends and Highlights

Osteopathic medical education had another very good year in 1991-92. New milestones were reached in the number of applicants and applications to the 15 osteopathic medical schools; enrollments hit all-time highs. Women continued to make gains, and indebtedness of seniors showed signs of slower growth, as did estimated expenses for first-year students.

Despite a steady decline in interest in primary care medicine among many physicians, osteopathic medical students continued their strong inclinations to become generalists and to practice in smaller communities.

There were some disappointments. Underrepresented minorities lost ground relative to applicants from other ethnic groups, even though their numbers continued to increase. And freshmen enrollment of underrepresented minority students took a backward step after growing steadily throughout the last decade. However, the momentum built up by the earlier gains in recruitment of underrepresented minorities helped that group to maintain the same share of total enrollment that it was in 1990-91 — namely 7.8%.

Applicants and Applications

From a low point of just over 3,000 in 1988, the number of applicants to osteopathic medical schools has accelerated rapidly to reach an all-time high of more than 5,700 for the 1992 entering class. About 2,000 of these are expected to be admitted.

Some of the increase in applicants is due to the Philadelphia school's decision to participate in AACOM's Centralized Application Service (AACOMAS), and some may be due to increased recruitment activities, plus the implementation of the revised Medical College Admissions Test (MCAT) in 1991-92, which now covers a broader range of undergraduate subjects than the previous test.

It is hard to measure precisely the extent to which each of these factors has contributed to the upsurge in applicants, but clearly the increases of the past few years signal a new awareness of osteopathic medicine among students. After allowing for the additional school participating in AACOMAS, it is estimated that the number of applicants for the 1992 entering class increased by 29% over the previous year. This follows an estimated 22% gain in 1991!

Almost 20,000 applications were received by the schools for the 1991-92 academic year, up 32% from the previous year and well-above the old record of 18,716 set in 1984-85. One school received twice as many applications in 1991-92 as in 1990-91.

Women and Minorities

As for women and minorities, the numbers for 1991-92 were mixed. First-year enrollment of women dropped slightly, but total enrollment rose 5% to a new high of 2,340, and the number of women graduating in 1992 increased by 10% over 1991 to one-third of the class.

First-year enrollment of all students rose a little more than 1% in 1991-92, led by a 5% gain in Asian students. Freshmen enrollment of underrepresented minorities dropped more than 17%, but one encouraging sign was the doubling of Native American applicants for 1992.

Student Indebtedness

Seniors in 1991 graduated with educational debts averaging almost \$75,000. Freshmen who entered in 1990 expected to graduate owing \$72,400 on average. Although these debt levels continue to grow, the annual increases in recent years are not as steep as they were in the early 1980s when they were reaching double digits.

Parental support plays an important role in the financing of osteopathic medical education. Seniors in 1991 who were financially independent of their parents owed 75% more at graduation



Photo courtesy of Philadelphia College of Osteopathic Medicine

than those who remained dependent. Therefore, parental income is a big factor — students from more affluent families clearly incur less debt.

The availability of scholarship funds goes a long way to alleviating the debt burden for those students who are fortunate enough to obtain them. It is estimated that the debt of seniors in 1991 was reduced by about \$730 for every \$1,000 of scholarship funds received.

Scholarships and Loans

During the 1980s, a dramatic change occurred in the financing of medical education. Students became much more dependent on loans for their principal funding, and they began to incur large debts during medical school. Throughout the first half of the 1980s, scholarship funds in osteopathic medical schools drifted downward while loans to students shot upward. But since 1985-86, scholarship funds have begun a slow and steady rise, while loans have climbed at a somewhat reduced rate.

More than \$14 million in scholarships from all sources were awarded to osteopathic medical students in 1990-91, representing a gain of 17% over the previous year. Much of the increase resulted from a 42% jump in scholarships from the Armed Forces.

Grant and Contract Awards

The value of all grants and contracts awarded to the schools continued its robust growth. From its low point in 1982, these awards have grown at an average annual rate of 20%, reaching a new high of \$42 million in 1990-91 (the latest data available). After adjusting for inflation, this represents a growth rate of 15% per year during that period. Most of the latest year's increase was due to the receipt of a large state grant at one school. Federal grants, which supply the bulk of these awards, actually fell slightly.

About this Report

This summary presents the major findings from AACOM's annual survey of the 15 osteopathic medical colleges in the U.S. It was conducted in cooperation with school administrators and faculty. AACOM staff member Lorrie Van Akkeren assisted with the tabulations and graphic preparation. This Annual Statistical Report is the 12th in a series dating from 1981, all of which follow a generally consistent format. In this report, the data on students, faculty, and curricula generally cover the academic year 1991-92, while the fiscal data on costs, revenue, and expenditures generally relate to 1990-91. In addition, the report contains the most recent data from AACOM's centralized application service on applicants for the 1992 entering class.

AACOMAS Applicants for the 1992 Entering Class

AACOMAS is the centralized application service of AACOM. It processes the papers of prospective students and allows them to submit a single application to be considered for admission to several schools simultaneously.

Although the main body of this report covers the 1991-92 academic year, the latest applicant data from AACOMAS for the 1992 entering class (academic year 1992-93) also is included.

In previous years, not all 15 schools have participated in AACOMAS but instead have received applications directly from prospective students. In 1991-92, a 14th school (Kansas City — UHSCOM) joined the AACOMAS system, and in the 1992-93 academic year the Philadelphia school (PCOM) joined, marking the first time that all 15 schools have participated in AACOMAS.

AACOMAS processed 5,752 applicants for the 1992 entering class, a huge increase over the

4,163 in the previous year and the highest on record (Table II). Some of the increase, of course, can be attributed to adding the 15th school to the AACOMAS system in 1992. But even after allowing for the additional school, the estimated number of applicants to osteopathic medical schools rose by a whopping 29% over the number applying for the 1991 entering class. This is on top of an estimated 22% increase in applicants the previous year.

Major increases in almost all categories of applicants were noted — the number of Native American applicants more than doubled, and the number of women applicants reached a record 35% of the total, up from about 33% in 1991.

The number of underrepresented minority applicants (Black, Native American and Hispanic) rose, but this group continued to lose ground relative to other applicants despite the large increase in Native American applicants (Chart 1). It is estimated that underrepresented minority applicants increased by 19% (on a per school basis) compared with a 31% increase in white applicants and a 21% increase in Asian applicants.

Chart 1 - Underrepresented Minority Applicants, 1976-1992

For the third year in a row, the percentage of applicants from the underrepresented minorities declined after reaching a peak of 13.2% in 1989.

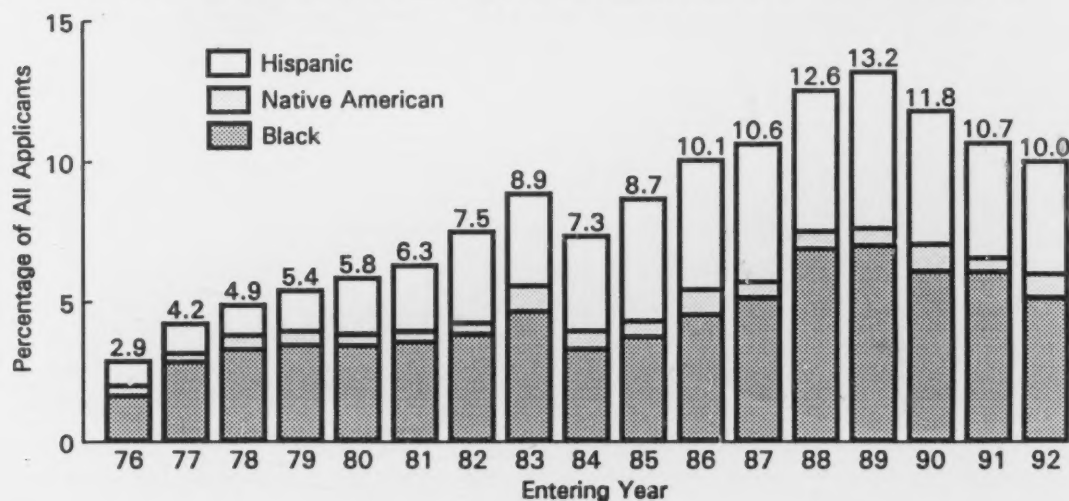




Photo courtesy of New York College of Osteopathic Medicine of New York Institute of Technology

Table II
AACOMAS Applicants to Osteopathic Medical Schools
Ethnic Groups and Women by Entering Year

Group	Entering Year*									
	1976	1978	1980	1982	1984	1986	1988	1990	1991	1992
Black	59	116	130	150	136	159	208	196	252	294
Native American	14	18	15	16	27	31	20	31	21	49
Hispanic	33	38	76	128	140	164	153	154	172	233
Total Underrepresented Minority	106	172	221	294	303	354	381	381	445	576
Percent Under-represented Minority	2.9	4.9	5.8	7.5	7.3	10.1	12.6	11.8	10.7	10.0
White, Non-Hispanic	3,539	3,299	3,377	3,477	3,617	2,922	2,318	2,423	3,024	4,240
Asian/Pacific Islander	62	59	98	139	190	215	273	350	584	768
Other and Unknown	—	—	217	7	16	23	58	70	110	168
Total All Groups	3,707	3,530	3,913	3,917	4,126	3,514	3,030	3,224	4,163	5,752
Women	N.A.	610	804	965	1,168	1,009	966	1,082	1,393	2,017
Percent Women	N.A.	17.3	20.6	24.6	28.3	28.7	31.9	33.6	33.5	35.1

NOTE: This table does not include those applicants who applied directly to schools.

* AACOMAS processed applicants for the following number of schools each year:
1976-1977 (6); 1978-1981 (9); 1982-1983 (11); 1984-1990 (13); 1991 (14); 1992 (15).

Applications, Enrollments and Graduates for Academic Year 1991-92

The number of applications received by the 15 osteopathic medical schools took a giant leap in the academic year 1991-92 to a new record of 19,765, surpassing the previous high achieved in 1984-85 by a large margin. Last year, 14,928 applications were received by the schools, so this year's record number represents a 32% increase (Table III).

Applications increased at each of the 15 schools — at one school they were more than twice the number received in 1990-91 (Table III).



Photo courtesy of Texas College of Osteopathic Medicine

Table III

Number of Applications Received, First-Year Enrollment and Total Enrollment by School

Colleges	1990-91			1991-92		
	Applications	First-Year Enrollment	Total Enrollment	Applications	First-Year Enrollment	Total Enrollment
CCOM	1,557	137	471	1,932	145	513
COMP	987	118	441	1,343	152	476
KCOM	1,168	151	542	1,575	163	556
MSU-COM	834	132	511	1,011	119	505
NYCOM	1,065	164	574	1,330	170	606
OSU-COM	609	91	273	691	63	269
OUCOM	1,450	108	366	1,897	111	377
PCOM	890	226	823	1,011	219	824
SECOM	886	122	426	1,276	143	463
TCOM	876	107	372	1,192	114	379
UHS-COM	750	171	520	1,600	156	522
UMDNJ-SOM	771	68	213	1,046	64	231
UNECOM	918	81	293	1,271	86	296
UOMHS/COMS	1,286	207	727	1,543	199	747
WVSOM	881	67	240	1,047	70	248
Total	14,928	1,950	6,792	19,765	1,974	7,012

Note: Since most applicants apply to several schools, the number of applications (shown in this table) is significantly higher than the number of applicants (shown in Table II).

First-year enrollment of 1,974 students also was the highest on record, but the increase over last year's previous record was only about 1% (Chart 2, and Table IV on page 8).

Reflecting steady increases in first-year enrollments since 1988, total enrollment also climbed to

a new high in 1991-92, surpassing 7,000 students for the first time (Table IV).

The number of graduates remained at the same level as in the past two years, but the schools are projecting sharply higher numbers through 1995 because of rising enrollments in prior years (Chart 3).

Chart 2 - First-Year Enrollment, 1968-1991

Freshmen enrollment set another record high in 1991, continuing an upward trend that began in 1988.

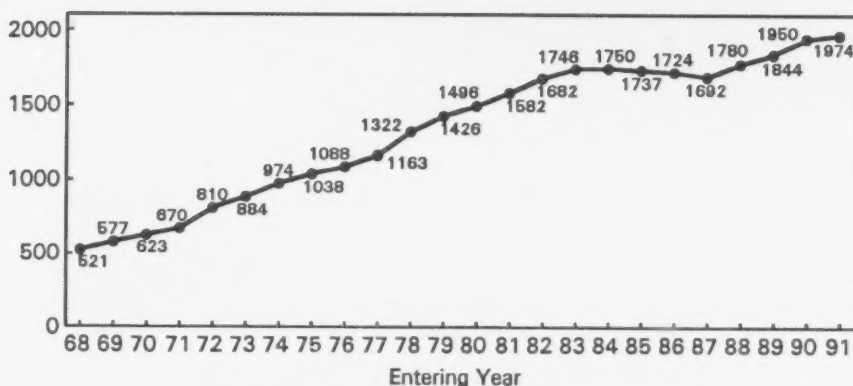
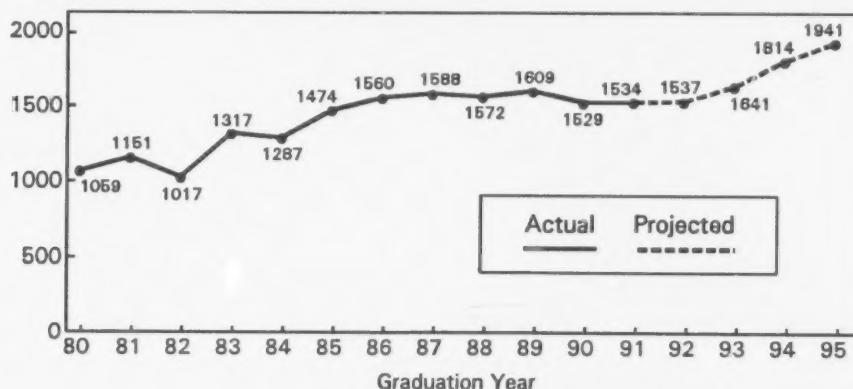


Chart 3 - Graduates, 1980-1995

The number of osteopathic graduates has been level for the past three years, but the schools are projecting future increases.



Women

While first-year enrollment of women in the 15 osteopathic medical schools dropped a bit in 1991-92, total enrollment of women reached a new high of 2,340 students, or one-third of total enrollment (Table IV, Charts 4 and 5). Furthermore, the estimated 505 women who graduated in the academic year 1991-92 represent almost

one-third of the graduating class and a 10% increase over the number who graduated in 1990-91 (Table IV).

The drop in first-year enrollment of women broke a string of four successive annual increases dating back to 1987. Since 1968, female freshmen have increased at an average annual rate of 16% (Table IV).

Table IV

First-Year and Total Enrollment and Graduates
in Schools of Osteopathic Medicine in the U.S., by Gender and Entering Year

Start of Academic Year	Number of Schools in Operation	FIRST-YEAR ENROLLMENT			TOTAL ENROLLMENT			GRADUATES		
		Total	Women	% Women	Total	Women	% Women	Total	Women	% Women
1968	5	521	21	4.0	1,879	53	2.8	427	8	1.9
1969	5	577	14	2.4	1,997	59	3.0	432	12	2.8
1970	6	623	17	2.7	2,151	61	2.8	472	11	2.3
1971	7	670	29	4.3	2,304	79	3.4	485	18	3.7
1972	7	810	56	6.9	2,579	116	4.5	649	18	2.8
1973	7	884	83	9.3	2,780	181	6.5	594	17	2.9
1974	9	974	106	10.9	3,139	267	8.5	702	44	6.3
1975	9	1,038	140	13.5	3,443	362	10.5	809	58	7.2
1976	11	1,088	179	16.5	3,671	472	12.9	908	84	9.3
1977	12	1,163	192	16.5	3,926	570	14.5	971	68	7.0
1978	14	1,322	222	16.8	4,221	688	16.3	1,004	163	16.2
1979	14	1,428	265	18.6	4,571	789	17.3	1,059	192	18.1
1980	14	1,496	329	22.0	4,940	971	19.7	1,151	202	17.6
1981	15	1,582	378	23.9	5,304	1,108	20.9	1,017	186	18.3
1982	15	1,682	428	25.4	5,822	1,317	22.6	1,317	261	19.8
1983	15	1,746	460	26.3	6,212	1,526	24.6	1,287	262	20.4
1984	15	1,750	511	29.2	6,547	1,707	26.1	1,474	344	23.3
1985	15	1,737	489	28.2	6,608	1,799	27.2	1,560	392	25.1
1986	15	1,724	471	27.3	6,640	1,853	27.9	1,587	412	26.0
1987	15	1,692	490	29.0	6,586	1,904	28.9	1,572	438	27.9
1988	15	1,780	571	32.1	6,614	1,986	30.0	1,609	491	30.5
1989	15	1,844	615	32.1	6,615	2,056	31.1	1,529	431	28.2
1990	15	1,950	667	34.2	6,792	2,221	32.7	1,534	458	29.9
1991	15	1,974	645	32.7	7,012	2,340	33.4	1,537*	505*	32.9*

* Estimated

Chart 4 - First-Year Enrollment by Gender, 1968-1991

First-year enrollment of women declined by 3.3% in 1991-92, breaking a string of four successive annual increases.

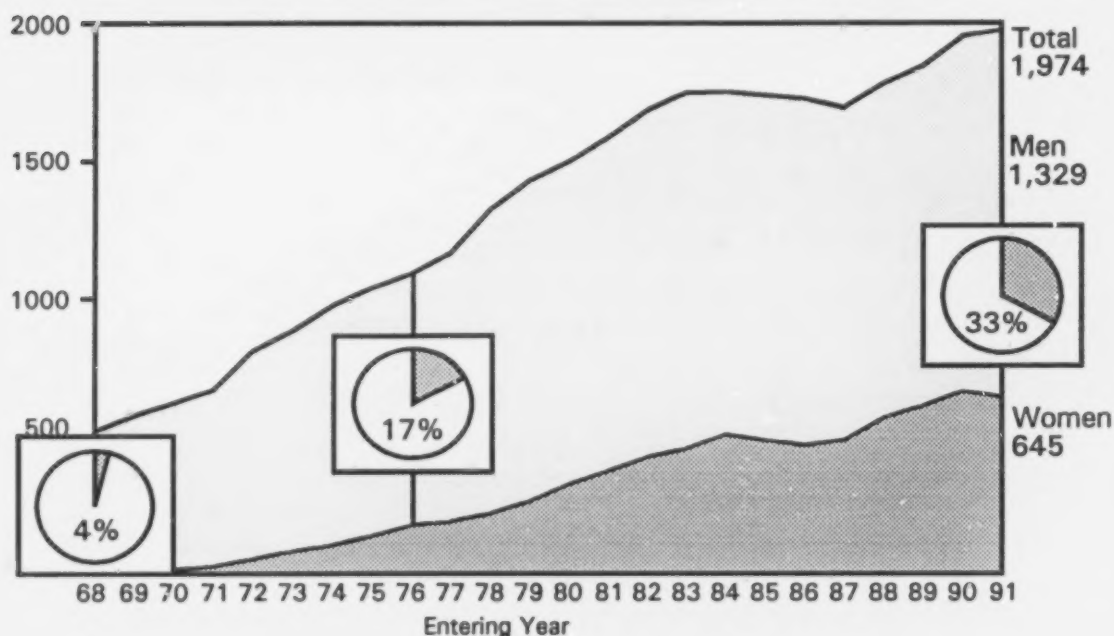
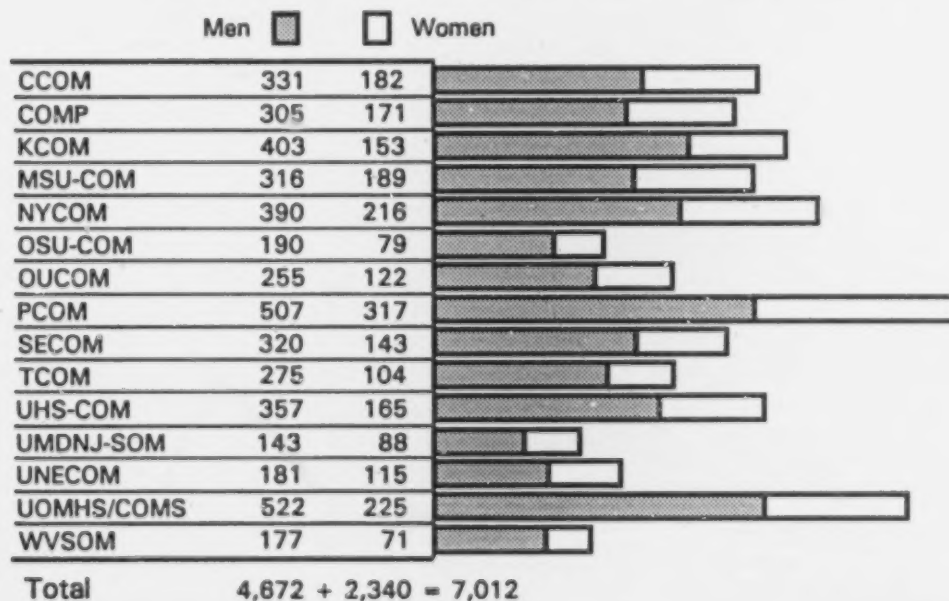


Chart 5 - Total Enrollment by Gender, 1991-92

Enrollment of women at each of the 15 osteopathic medical schools ranges from 27 to 39 percent of all students.



Minorities

After climbing steadily throughout the 1980s, freshmen enrollment of underrepresented minorities reached a peak of just under 10% in 1988-89, and has dropped back somewhat since then — both in absolute numbers and in percentages of total freshmen enrollment. The latest data for 1991-92 shows underrepresented minorities at 7.1% of total freshmen enrollment, down from 8.8% last year (Table V, Chart 6). Black and Hispanic freshmen both dropped to 3.4% of all freshmen from about 4% last year, and Native American freshmen dropped to 0.3%. However, thanks to prior years' growth in matriculants, the underrepresented minorities' share of total enrollment remains unchanged from last year at 7.8% (Table VI).

Asians/Pacific Islanders continue to make gains, but even for this fast-growing ethnic group, the latest annual increase in freshmen enrollment of 5.1% is considerably less than the double-digit increases achieved in previous years (Table V). Since 1981, total enrollment of Asians/Pacific Islanders in osteopathic medical schools has grown six-fold, and this group currently represents almost 10% of all students in the 15 schools (Table VI).

Enrollment of all minorities — Black, Hispanic, Native American, and Asian/Pacific Islander — rose to 17.6% of total enrollment in 1991-92, up from 16.4% in 1990-91 (Chart 7 on page 12).

Table V

First-Year Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1991

Group	Entering Year									
	1976	1978	1980	1982	1984	1986	1988	1989	1990	1991
Black	26	31	40	38	42	26	85	68	79	67
Native American	6	10	8	10	17	9	8	15	14	7
Hispanic	12	17	18	33	54	56	81	79	78	67
Total Under-represented Minority	44	58	66	81	113	91	174	162	171	141
Percent Under-represented Minority	4.0	4.4	4.4	4.8	6.5	5.3	9.8	8.8	8.8	7.1
White, Non-Hispanic	1,029	1,248	1,397	1,555	1,590	1,560	1,469	1,524	1,565	1,608
Asian/Pacific Islander	15	16	33	46	47	73	137	158	214	225
Total All Groups	1,088	1,322	1,496	1,682	1,750	1,724	1,780	1,844	1,950	1,974

Chart 6 - First-Year Enrollment by Ethnic Groups, 1991-92

Underrepresented minorities (Black, Native American and Hispanic) made up 7.1% of first-year enrollment.

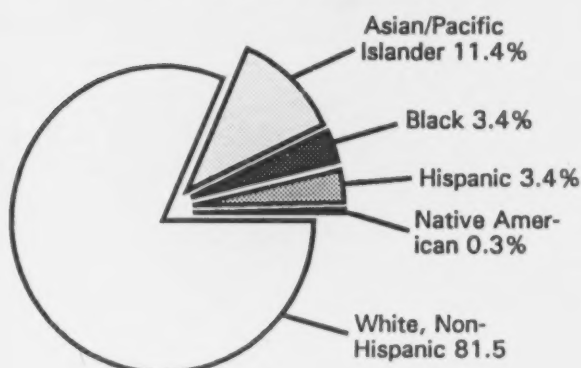
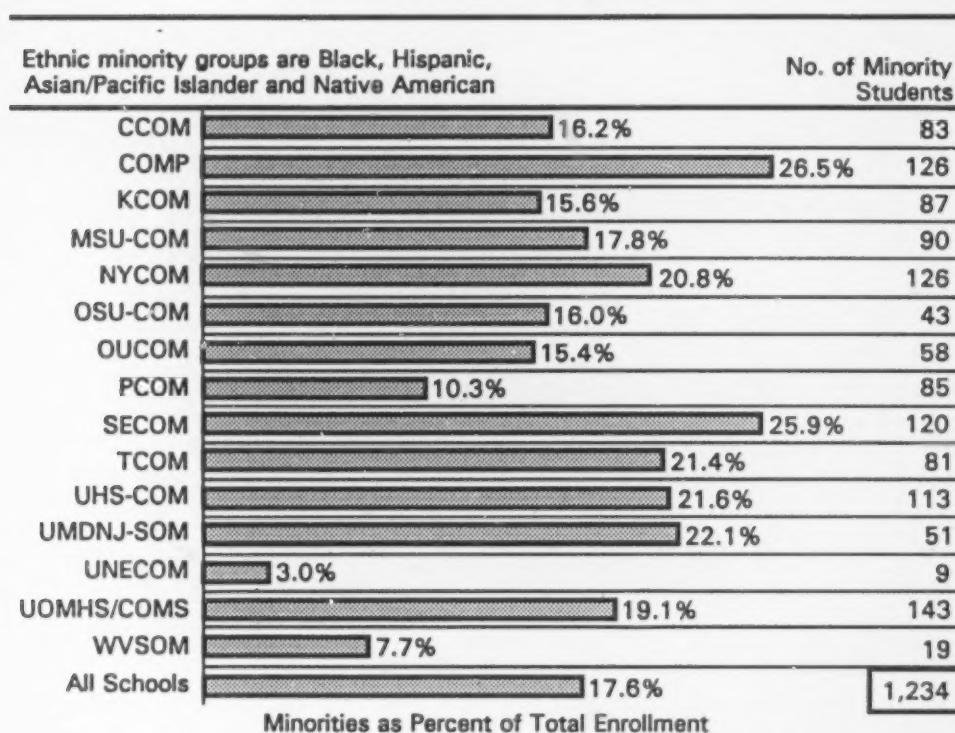


Table VI

Total Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1976-1991

Group	Entering Year									
	1976	1978	1980	1982	1984	1986	1988	1989	1990	1991
Black	70	87	94	116	126	117	159	173	217	236
Native American	16	24	19	25	50	42	33	39	36	37
Hispanic	27	36	52	81	126	182	240	246	277	276
Total Under-represented Minority	113	147	165	222	302	341	432	458	530	549
Percent Under-represented Minority	3.1	3.5	3.5	3.8	4.6	5.1	6.5	6.9	7.8	7.8
White, Non-Hispanic	3,516	4,029	4,688	5,467	6,079	6,057	5,801	5,694	5,680	5,778
Asian/Pacific Islander	42	45	87	133	166	242	381	463	582	685
Total All Groups	3,671	4,221	4,940	5,822	6,547	6,640	6,614	6,615	6,792	7,012

Chart 7 - Total Enrollment of Ethnic Minority Groups, by School, 1991-92



Schools in states with large Asian and Hispanic populations have the largest proportions of minority students.

Students

State Residency

Public schools receive substantial amounts of support from the state, and in return, they usually are required to enroll a certain number of students who reside in the state. In 1991-92, the six public osteopathic medical schools had student bodies composed of almost 87% state residents (Chart 8). In the nine private schools, only 47% of the students were state residents. The overall average in the 15 schools was about 59% state residents.

Over the past five years, the private schools have accepted proportionately more out-of-state applicants. In 1986-87, less than 49% of students in the private schools were from out of state. This ratio has gradually increased to almost 53% in 1991-92.

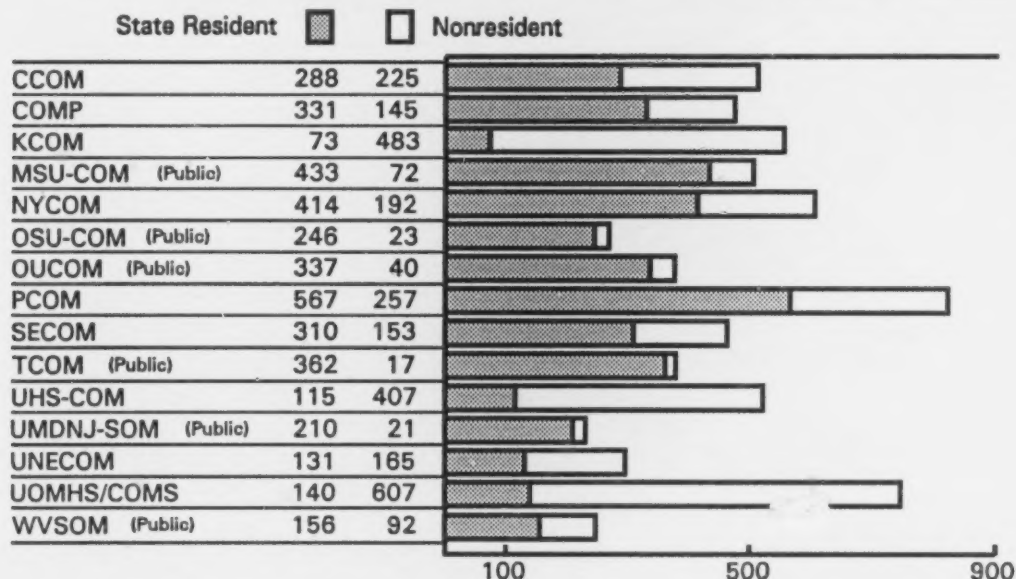
Degree Levels, MCAT and GPA Scores

The educational degree level of the 1,974 students entering osteopathic medical school in 1991 was the highest since 1988. More than 9% had advanced degrees, and just slightly more than 3% had no degree — down from more than 5% last year (Chart 9).

MCAT and GPA scores of entering students both rose in 1991-92. MCAT scores increased in all six components of the test as shown in the accompanying table, ending a string of three successive years of decline. The mean GPA increased from 3.12 to 3.16, reaching its highest level since 1987.

The 1991-92 academic year marked the introduction of the new MCAT format. In its new format, the test consists of four sections (biological

Chart 8 - Number of State Residents and Nonresidents Enrolled by School, 1991-92

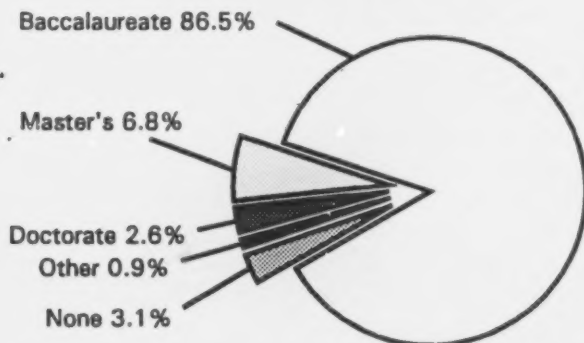


Total 4,113 + 2,899 = 7,012

58.7% of all students are enrolled in schools in their home state. Public schools have higher proportions of state residents than private schools.

Chart 9 - Highest Degree Earned by Entering Students, 1991-92

Almost 1 of 10 freshmen had a master's or a doctoral degree. More than 85% of the first-year class had earned a baccalaureate.



sciences, physical sciences, verbal reasoning and a writing sample), replacing the six components of the old exam. The revised test is intended to encourage medical school applicants to pursue a broader range of undergraduate studies, including the social sciences and humanities. A total of 106 freshmen in nine schools took the new MCAT in 1991. The average scores were 7.2 for biological sciences, 6.7 for physical sciences and 7.4 for verbal reasoning.

The writing sample scores ranged from a low of L to a high of Q (samples are assigned a letter grade between J and T).

	Entering Year			
<u>MCAT</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>
Biology	7.6	7.6	7.4	7.8
Chemistry	6.8	6.9	6.7	6.9
Physics	7.0	6.9	6.8	6.9
Science	7.0	6.9	6.8	7.0
Reading	7.1	7.1	7.1	7.2
Mean MCAT	7.0	7.0	6.9	7.1
Mean GPA	3.13	3.15	3.12	3.16

Attrition rates remain quite low. For the academic year 1990-91, a total of 191 students withdrew or were dismissed out of a total enrollment of 6,792, for an attrition rate of 2.8%.



Photo courtesy of Kirksville College of Osteopathic Medicine

Student Debts and Specialty Choices

For seniors graduating in 1991, the average debt was \$74,800, up 4.6% from the previous year. This is good news in that the increase is considerably lower than the 29% and 24% increases that occurred in 1983-84 and 1984-85 respectively.

Students' debt varies according to their socioeconomic backgrounds. Age, ethnicity, marital status, parental income, dependency status and scholarships all seem to affect debt levels to a greater or lesser degree. In particular, students from more affluent families tend to incur less

debt. Each additional \$10,000 of parental income is estimated to reduce the debt of seniors by about \$1,900.

Just like last year, 41% of the seniors in 1991 said they intended to practice in one of the primary care specialties — family practice, general internal medicine and pediatrics. A slightly higher percentage of the freshmen (42%) anticipate careers in primary care.

Additional details about students' debt and specialty choices are provided in AACOM's recent publication, Debts and Career Plans of Osteopathic Medical Students in 1991.

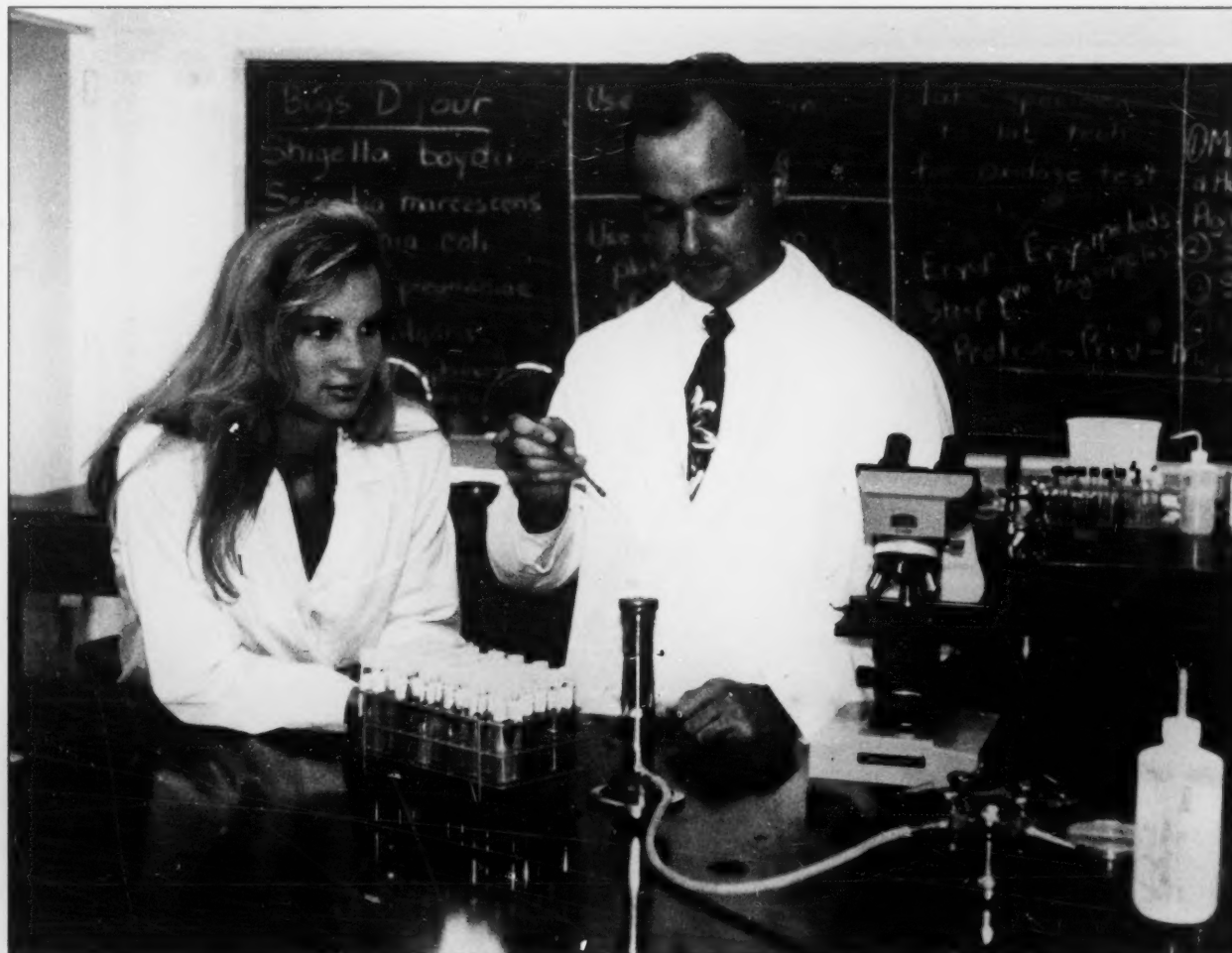


Photo courtesy of The University of Health Sciences - College of Osteopathic Medicine

Scholarships, Grants, and Loans, 1990-91

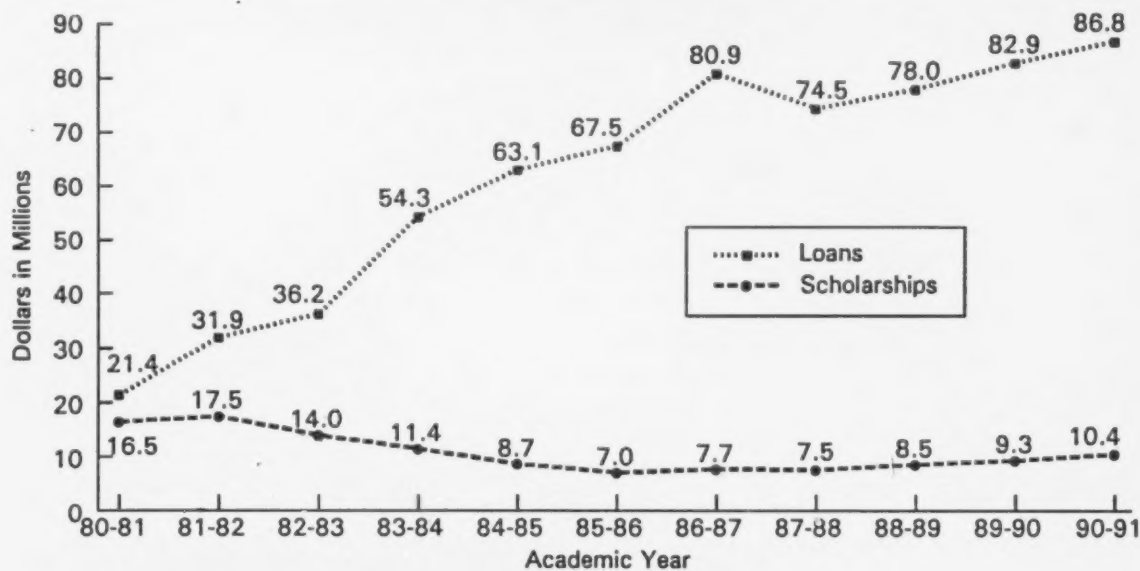
Receiving scholarships appears to be one effective antidote to the rising debt levels of osteopathic medical students. For seniors in 1991, it is estimated that each \$1,000 received in scholarship funds reduced the debt burden by about \$730 dollars.

Led by a jump of 42% in scholarships from the Armed Forces, the amount of scholarship funds granted to osteopathic medical students in 1990-91 rose to \$14.3 million, a gain of 17% over the previous year's level. After adjusting for

inflation, scholarship funds totaled \$10.4 million in 1990-91, still an increase over last year, but well below the peak of \$17.5 million reached in 1981-82. (Chart 10).

As a result of the rebound in scholarships from the Armed Forces, these funds have once again become the largest single source of scholarships for osteopathic medical students, regaining the dominance they held in the early 1980s. In second place is the category of "Other Scholarships" composed of fellowships, grants, fee-waivers, work-study and similar programs (Chart 11). A total of 3,008 scholarships of all types were awarded in 1990-91.

Chart 10 - Scholarships and Loans Awarded to Osteopathic Medical Students, 1980-81 Through 1990-91*
(Constant 1982 Dollars)**



*Scholarships include Fellowships, Grants, Fee Waivers, Work-Study, etc.

**Deflated by the GNP Price Deflator, 1982 = 100.

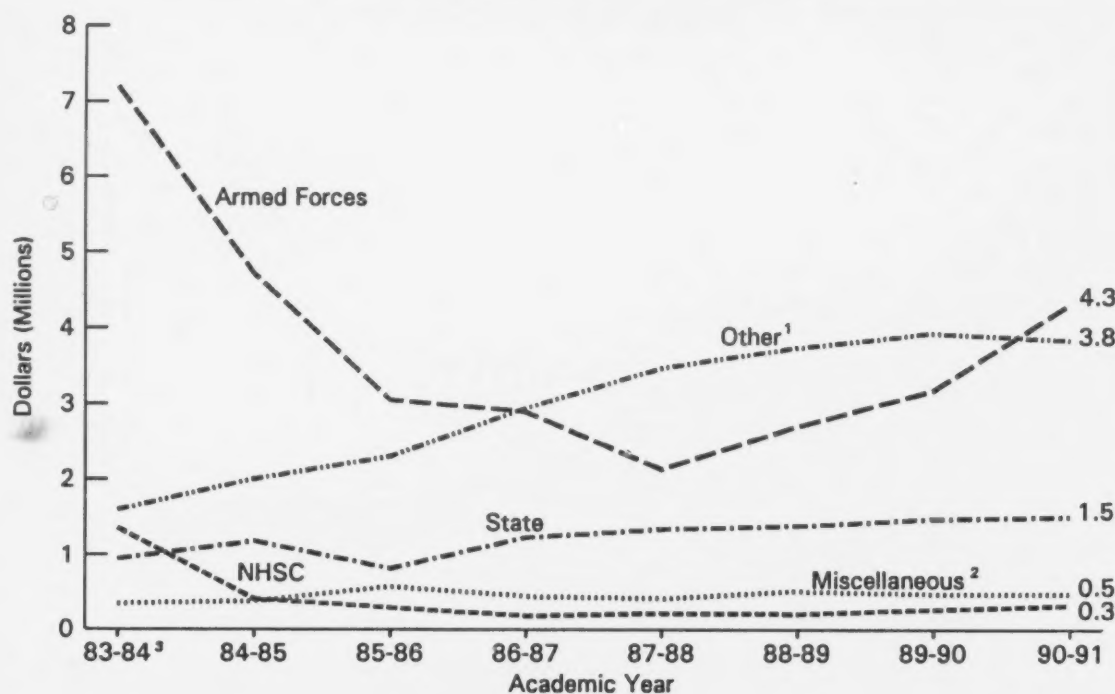
In 1980-81, 12 of 14 schools supplied data; 1981-82 and 1983-84, 14 of 15 schools supplied data; and 1982-83, 13 of 15 schools supplied data.

For most of the past decade, scholarship funds declined in real terms (i.e., constant 1982 dollars) until 1987-88 when they began to slowly increase (Chart 10). During the same period, the amount of loans to students to finance their medical education has climbed steadily upward at an average annual rate of 15%, even after adjusting for inflation. As a result, the gap between loans and scholarships has widened tremendously. In 1980-81, the ratio of loans to scholarships was 1.3. Ten years later, this ratio was 8.3.

Loans grew rapidly from 1980-81 to 1986-87 at an average annual rate of almost 25% in real terms before declining in 1987-88. Since then, the growth in loans has been at a less than 2% average annual rate (Chart 10).

Loans under the Health Education Assistance (HEAL) program and the Stafford (formerly Guaranteed Student Loan - GSL) program continue to be the main sources of loan funds (Chart 12 on page 18).

Chart 11 - Types of Scholarships Awarded to Osteopathic Medical Students, 1983-84 Through 1990-91
(Constant 1982 Dollars)*



*Deflated by the GNP Price Deflator, 1982 = 100.

¹ Other Scholarships include Fellowships, Grants, Fee Waivers, Work-Study, etc.

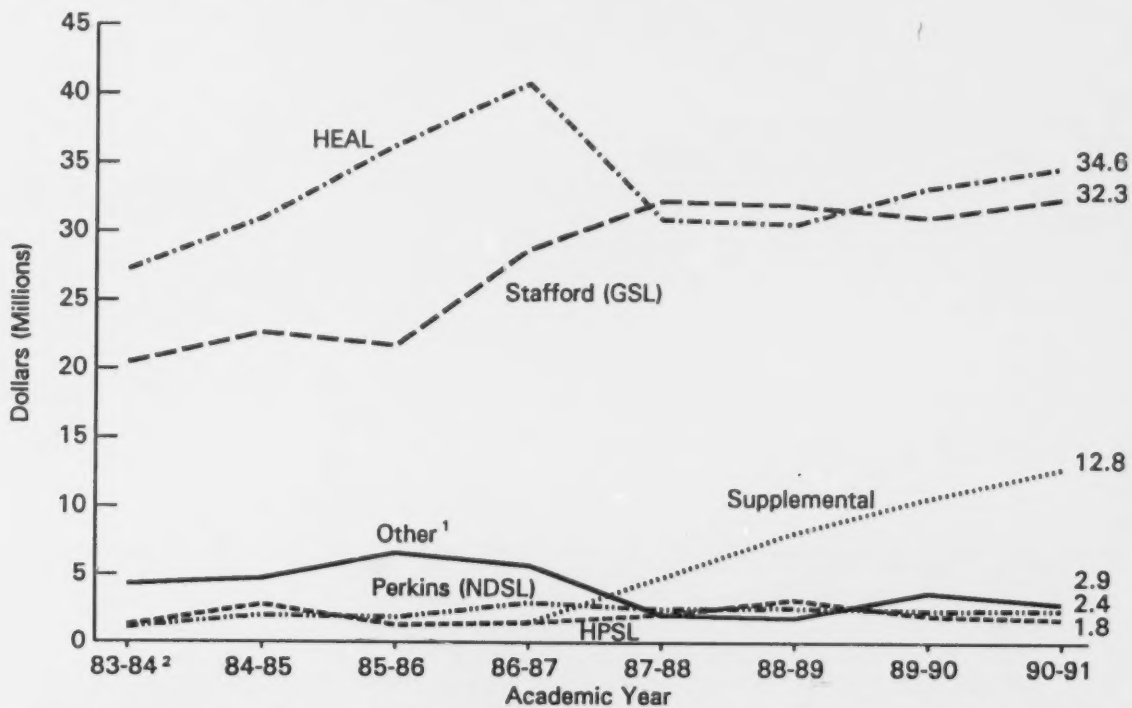
² Miscellaneous Scholarships include Exceptional Financial Need, Indian Health, and Osteopathic Association.

³ Data for 1983-84 provided by 14 of 15 schools.



Photo courtesy of Southeastern University
of the Health Sciences College of Osteopathic Medicine

**Chart 12 - Sources of Loans Made to Osteopathic
Medical Students, 1983-84 Through 1990-91
(Constant 1982 Dollars)***



*Deflated by the GNP Price Deflator, 1982 = 100.

¹ Other Loans include PLUS, ALAS, Robert W. Johnson, State, and Osteopathic Association.

² Data for 1983-84 provided by 14 of 15 schools.

Student Costs, 1990-91

First-year expenses of students increased much less than normal in public schools and slightly more than normal in private schools in 1990-91. These first-year costs are approximate figures as estimated by the schools. They include tuition for single students, fees, books, equipment, required transportation, and room and board. They do not include personal expenses.

The average annual increase in total expenses for in-state freshmen at public osteopathic medical schools since 1984-85 has been about 9.9%. In 1990-91, these expenses rose only 4.1% (Chart

13A on page 20). After adjusting for inflation, they actually fell by 0.4% (Chart 13B on page 20).

In private schools, the average annual increase in total expenses for in-state freshmen since 1984-85 has been 5.8%. In 1990-91, these expenses rose 6.4% (Chart 13A). After adjusting for inflation, they rose by 1.9% (Chart 13B).

Tuition for in-state freshmen averaged about 34% of total first-year expenses in public schools, and about 55% in private schools. But for out-of-state freshmen in public schools tuition averaged 52% of total first-year costs compared with 57% in private schools.



Photo courtesy of West Virginia School of Osteopathic Medicine

**Chart 13A - Total Expenses for In-State Freshmen,
Academic Years 1984-85 Through 1990-91**

Estimated expenses for first-year in-state residents at private schools rose about 6% from 1989-90; in public schools, they increased about 4%. These expenses include tuition and fees, books, equipment, room and board.

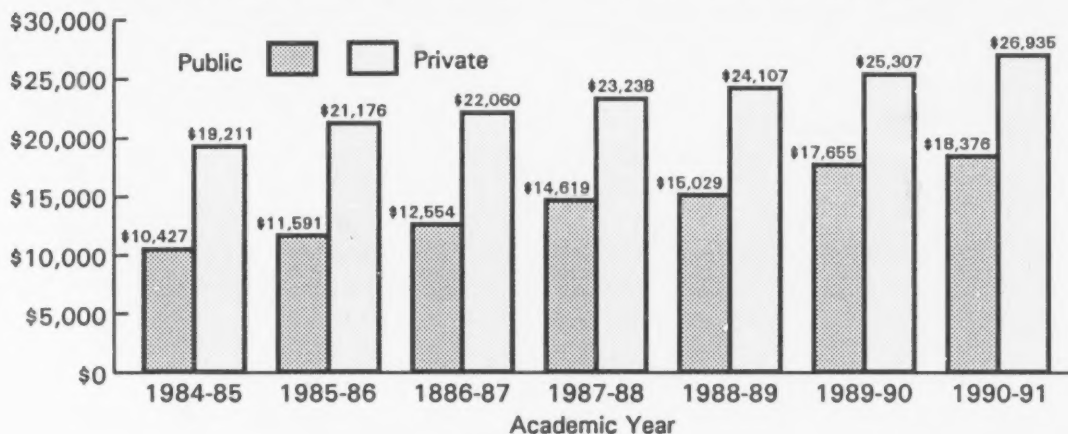
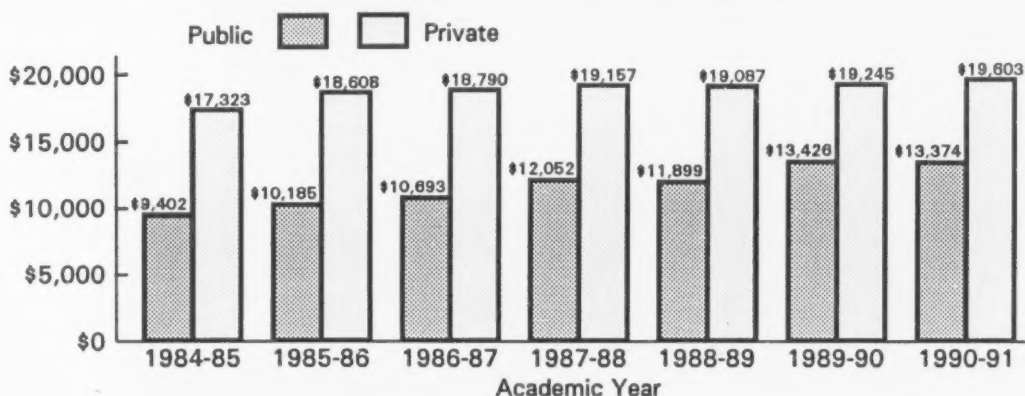


**Chart 13B - Total Expenses for In-State Freshmen,
Academic Years 1984-85 Through 1990-91
(Constant 1982 Dollars)***

After adjusting for inflation, estimated expenses for first-year in-state residents at private schools rose less than 2% from 1989-90; in public schools, they decreased slightly.



*Deflated by the GNP Price Deflator, 1982 = 100.

Faculty

Faculty size in the 15 osteopathic medical schools reached a milestone in 1991-92 when it exceeded 7,000 members for the first time (Chart 14). Growth in faculty has been fairly steady over the past five years except for 1990-91 when there was a slight decline. But growth resumed this past year, pushing the number of faculty members to 7,082 in 1991-92.

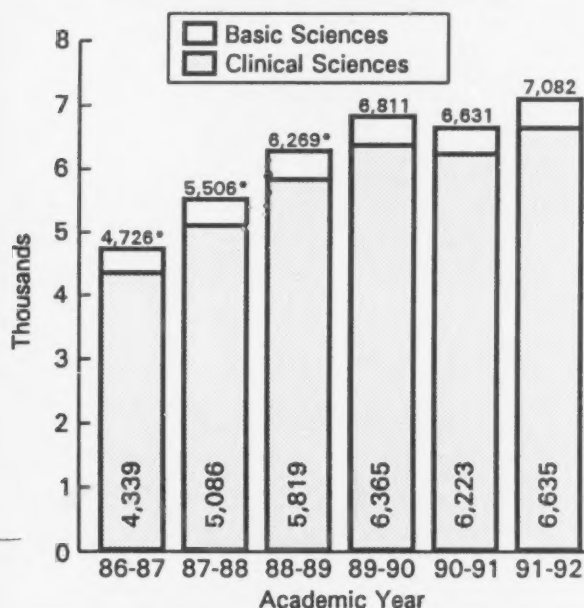
Most of the growth has occurred in the clinical sciences where faculty size has expanded at an

average annual rate of almost 9% since 1986-87. The basic science faculty has grown at about 3% per year since then.

Volunteers (unpaid faculty) made up a slightly higher proportion of faculty this year. More than 59% of faculty were volunteers in 1991-92 compared with 58% last year. Only five of the 15 schools reported no volunteer faculty members.

Practically all volunteers were in the clinical sciences, with a third of these being concentrated in family practice. Only about 6% of volunteers were in the basic sciences.

Chart 14 - Growth in Faculty Size, 1986-87 Through 1991-92



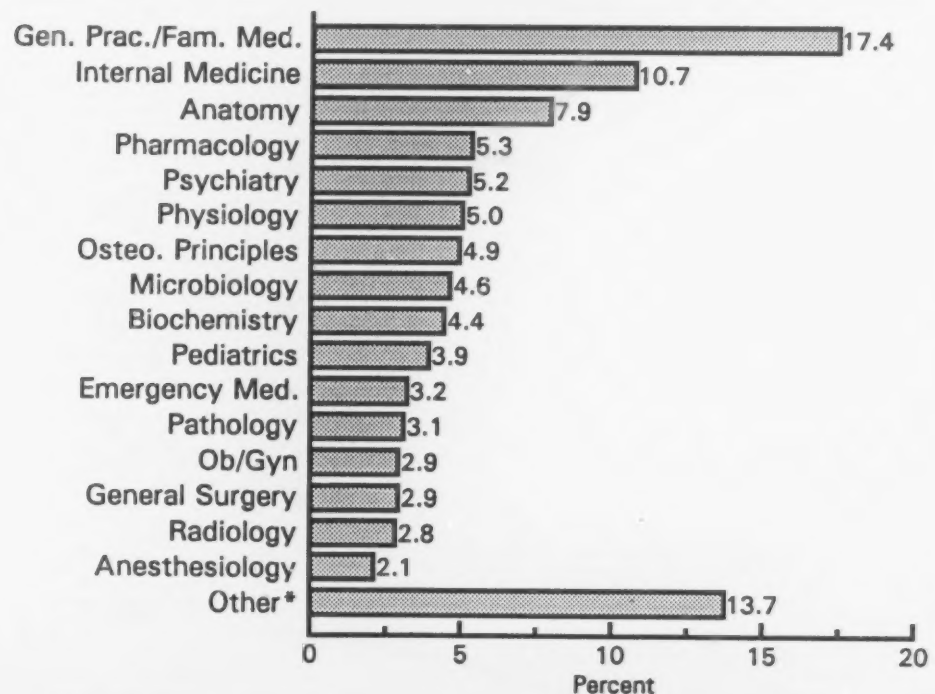
*Does not include volunteers at MSU-COM

Specialization of Faculty

The largest discipline by far was family practice, with 2,007 faculty members including full-time, part-time and volunteers. Internal medicine was second largest with 1,041, and general surgery was third with 635 members. But in general surgery, about 70% of the faculty members were volunteers and another 24% were part-timers. So in terms of full-time faculty members only, general surgery ranked well-down the list after such disciplines as anatomy, pharmacology, physiology, osteopathic principles, etc. (Chart 15).

More than 62% of the faculty held the D.O. degree in 1991-92. Another 15% held the M.D. degree, and more than 7% held the Ph.D. degree. About 1% of the faculty held the D.O. in combination with another doctorate degree.

Chart 15 - Full-Time Faculty by Discipline, 1991-92



*Other disciplines include Dermatology, Geriatrics, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Physical Medicine and Rehabilitation, and Urology.

Curriculum - Special Topics

In the curriculum of every osteopathic medical school, certain courses or topics of special interest to current medical issues are provided either as electives or requirements (Table VII). Each school devotes a varying amount of resources to these subjects according to the perceived need and other curriculum demands.

The time devoted to teaching these topics has, in most cases, increased considerably over the past decade. Geriatrics, in particular, has grown fastest in terms of the number of class hours devoted to it

and the number of students receiving training. This growth occurred even though fewer resources were devoted to geriatrics in 1991-92 compared to the previous year.

Doctor/patient relationship skills remains the most widely-taught special subject — as it was last year. The schools report a 15% increase in the number of students receiving training in this area in 1991-92.

Financial management of private practice and cost containment are topics that lost considerable ground from last year, dropping substantially in both the number of students and class hours spent in training.

Table VII

Areas of Special Interest Included in the Curriculum
of Osteopathic Medical Schools, 1991-92

Special Areas of Training (Ranked in order of class hours)	Class Hours per Year Spent in Training	Percent Change Since		Number of Students Receiving Training in Area	Percent Change Since	
		1990-91	1981-82		1990-91	1981-82
1. Doctor/Patient Relationship	548	0.9	196	3,838	15	205
2. Geriatrics	365	-13	229	3,160	-3	230
3. Nutrition	345	-6	188	2,414	2	175
4. Human Sexuality	208	-10	126	2,503	10	168
5. Alcoholism/Drug Abuse	202	4	92	2,682	-26	148
6. Occupational/Environmental Health	169	3	64	2,178	2	98
7. Rehabilitation	130	-9	25	2,259	8	163
8. History of Medicine	83	-11	-10	1,834	5	75
9. Financial Management of Private Practice	67	-15	205	1,015	-23	42
10. Cost Containment	48	-18	200	1,599	-15	177

Grant and Contract Awards - Fiscal Year 1991

Grants and contracts awarded to osteopathic medical schools continued to set new records in 1990-91, rising almost 10% from the previous year to \$42 million (Chart 16). Most of the increase resulted from a large state grant at one school. Increases occurred at seven schools, decreases occurred at seven schools, and one school did not report.

Since its low point in FY 1982, the value of grant and contract awards at the 15 schools has grown at a robust average annual rate of 20%. After adjusting for inflation, the growth rate is still a healthy 15% per year.

Federal grants — which supply the major portion of all grant and contract awards — fell slightly, but the slack was more than taken up by state grants which rose 70%.

**Chart 16 - Grants and Contracts
Awarded to Osteopathic Medical
Schools, 1980 - 1991**

The value of all grants and contracts awarded to osteopathic medical schools increased at almost 20 percent per year since 1982.

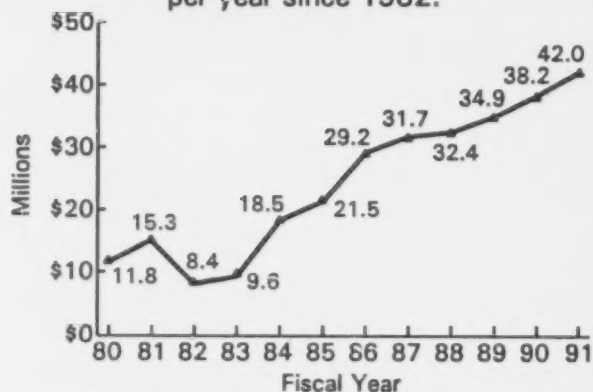


Photo courtesy of Ohio University College of Osteopathic Medicine

Revenues - Fiscal Year 1991

Total revenue in the 15 osteopathic medical schools increased by 19% in the 1990-91 academic year (Table VIII). Increases occurred in almost all revenue categories, with government appropriations, medical practice plans and parent university appropriations being the exceptions.

Major increases were reported by several schools in hospital/clinic revenues, which jumped to

almost \$102 million and became the largest single revenue source. More than 27% of all revenue in 1990-91 came from hospitals and clinics, up from 19% in the prior year.

Tuition and fee revenue increased by slightly more than 8%, bringing it to more than 24% of total revenue and putting it just behind hospitals and clinics as a revenue source for the schools.

Table VIII

Revenues in Osteopathic Medical Schools
Fiscal Years 1990, 1991

	Fiscal Year			
	1990		1991	
	\$Millions	Percent	\$Millions	Percent
A. Tuition and Fees*	83.0	26.9	89.8	24.3
B. Government Appropriations	84.3	27.2	83.6	22.7
Federal	0	0	0	0
State	84.3	27.2	83.6	22.7
Local	0	0	0	0
C. Government Grants and Contracts	31.5	10.2	36.8	10.0
Federal	16.5	5.3	16.5	4.5
State	15.0	4.9	20.2	5.5
Local	.01	—	.01	—
D. Private Gifts, Grants, and Contracts	7.2	2.3	9.0	2.4
E. Endowment Income	2.1	0.7	2.9	0.8
F. Other Sources	102.0	32.9	147.0	39.8
Medical practice plans	23.5	7.6	22.5	6.1
Parent school appropriations	7.2	2.3	7.1	1.9
Hospitals, clinics	58.8	19.0	101.8**	27.6
Sales and service of education activities	2.0	0.6	3.7	1.0
Other	10.4	3.4	11.9	3.2
G. Total Revenue	310.1	100.0	369.0	100.00

* One school did not report Tuition and Fees in 1990 and 1991.

** Most of the increase in hospital/clinic revenue in 1991 was due to significant additional revenue at COMP, OSU-COM, and PCOM. COMP's hospital/clinic revenue was included in the 'sales and service of education activities' category.

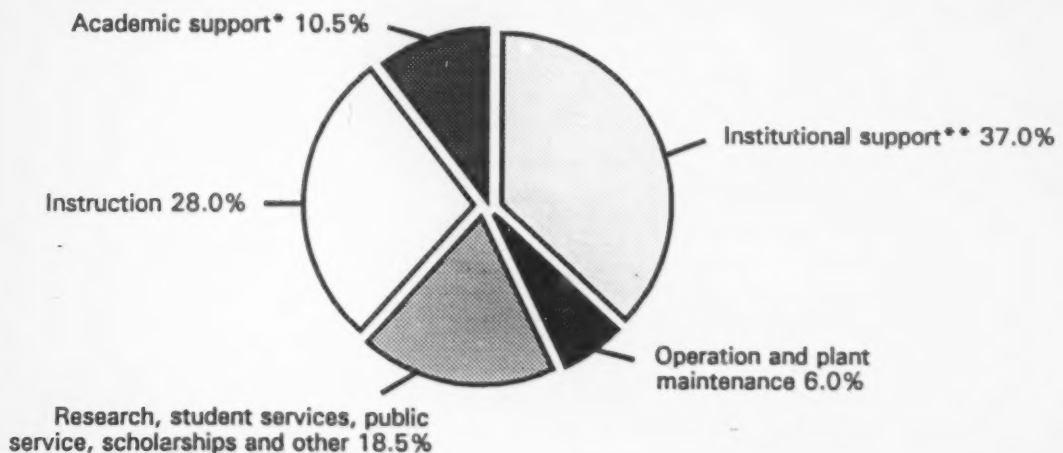
Expenditures - Fiscal Year 1991

Accompanying the rise in revenues was an increase in total expenditures in FY 1991 of almost 15%. Because of a large increase at one school, expenses for institutional support jumped dramatically from about 16% to 37% of total expenditures (Chart 17). Institutional support thus became the largest expenditure category reported by the schools in FY 1991. Instruction expenses amounted to 28% of the total, down slightly from almost 31% last year.

The estimated average expenses per student rose to \$45,600, up from \$40,800 last year. Public schools reported generally higher cost/student ratios than private schools, mainly due to higher expenditures for research and academic support.

Chart 17 - Distribution of Expenditures, Fiscal Year 1991

Institutional support became the largest expenditure category in Fiscal Year 1991. Most of the increase in institutional support occurred at one school.



*Academic support includes educational materials, libraries, machine shop, computer services, animal resource center, etc.

**Institutional support includes cost of administration, management and planning, fiscal operations, administrative data processing, space management, personnel records, and community and alumni relations.



Photo courtesy of College of Osteopathic Medicine of the Pacific

Location of Colleges of Osteopathic Medicine



IV. Publications

Available from AACOM

AACOM/Organizational Guide - the organizational structure of the Association, names and addresses of members of its councils/sections/committees, administrative staff and faculty in the 15 U.S. colleges of osteopathic medicine.

\$10.00

Application Packet - an application for the centralized application service, procedures for applying, and materials describing each of the colleges and their fees.

No charge

College Information Booklet - a brief description of each of the 15 osteopathic medical colleges, admissions criteria, minimum entrance requirements, supplementary application materials required, an indication of class size or enrollment, application deadlines, and tuition.

Single copies: \$2.00

25 copies: \$25.00

100 copies: \$74.00

Debts and Career Plans of Osteopathic Medical Students - examines the characteristics, debt, and career plans of students at their entrance to osteopathic medical school and just prior to their graduation.

\$10.00

Education of the Osteopathic Physician - a comprehensive booklet about the profession that is essential to health professions advisors and prospective students. Provides admissions criteria and brief overviews of the 15 osteopathic medical schools, information on the educational process, licensure and practice options.

\$9.00

Osteopathic Medical Education - single copies of this brochure on training are free.

50 copies: \$8.50

100 copies: \$15.00

Osteopathic Medical Education: A Handbook for Minority Applicants - provides summary accounts of the osteopathic profession, pathways to osteopathic education, and the educational and training programs of the osteopathic colleges.

Single copies: \$3.00

25 copies: \$52.50

100 copies: \$180.00

Selected Sources of Financial Aid for Osteopathic Medical Students - a brief overview of the range of financial aid sources available to osteopathic medical students and a course guide for people to contact regarding financial aid information.

Single copies: \$7.00

25 copies: \$140.00

50 copies: \$210.00

Study on Competency-Based Objectives for Undergraduate Osteopathic Medical Education - minimum clinical competencies expected of a newly graduated osteopathic physician, component elements contributing to those competencies, and timetable for their introduction and/or completion. Competency objectives for medicine, surgery, pediatrics, obstetrics/gynecology, and general and family practice are identified.

\$18.00